FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE PAGE 1 / 112

14 JUL 21 FH 5: 27

	1017411	Addition 200 O	ommittee		Off	fice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRI	NT ▼	Example: If typin over the lines.	g, type	12FE4M5	er er ey
Cam Cavasso for U.S.	. Senate					
				<u> </u>		
				1 1 1 1	1 1 1 1 1 1	<u> </u>
ADDEEOO /	41-530 Waiku	panaha Street	! ! ! ! ! !		4 3 6	
ADDRESS (number and street)	<u> </u>	······································	<u> </u>			
Check if different						
than previously reported. (ACC)	Waimanalo				HI 9675	95
2. FEC IDENTIFICATION N	UMBER ▼	CITY A			STATE A	ZIP CODE
Cf C00405852		3. IS THIS	√ NEW		AMENDED	STATÉ ▼ DISTRICT
Committee of the Committee of	·	REPORT		OR	(A)	
4. TYPE OF REPORT (Ch	oose One)			·	· · · · · · · · · · · · · · · · · · ·	
(a) Quarterly Reports:	·	1	RE-Election Repo	rt for the:		
April 15 Quarterly F	Parant (O1)		Primary (12P)		General (12G)	Runoff (12R)
. In			_	2C)	Special (12S)	
July 15 Quarterly R	leport (Q2)	* *				
October 15 Quarter	ly Report (Q3)	Election	on k	" D	A_4.A	in the State of
January 31 Year-En	d Report (YE)	(c) 30-Day P (OST-Election Rep	ort for the:	manua	14741-1474
		<u> </u>	General (30G)	İ	Runoff (30R)	Special (200)
Tormination December	(TED)		aonorar (00a)		rianon (3011)	Special (30S)
Termination Report	(IEH)	Election of	on			in the State of
						State of
5. Covering Period 04	N D D (2014	through	м м 06	30	2014 2014
I certify that I have examined thi	is Report and to	the best of my	knowledge and b	elief it is ti	ue, correct and cor	molete.
Type or Print Name of Treasurer			ANDERSO		· · · · · · · · · · · · · · · · · · ·	
	\cap	<i>^</i>			hd Aà :	
Signature of Treasurer	Herry (Inder			Date O 7	15 2014
NOTE: Submission of false, errone	ous, or incomple	ete information ma	y subject the person	on signing	this Report to the pe	enalties of 2 U.S.C. §437g.
Office Use						
Only						EC FORM 3 (Revised 02/2003)

FEC Form 3 (Revised 02/2003)

SUMMARY PAGE of Receipts and Disbursements

PAGE 2 / 112

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report	Covering	the	Period:
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From:

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2014

To:

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_			_	OLUMN			LUMN B Cycle-to-Date
6.	Net Contributions (other than loans)						
	(a) Total Contributions (other than loans) (from Line 11(e))		aggen		76412.01	porskinja * €	130014.01
	(b) Total Contribution Refunds (from Line 20(d))	n raema ji	9	. 3 5-	0.00	,	450.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		.3	,	76412.01	,	129564.01
7.	Net Operating Expenditures						
	(a) Total Operating Expenditures (from Line 17)				42174.37		134217.58
	(b) Total Offsets to Operating Expenditures (from Line 14)		. 2	7 1	0.00	∌ .	2165.68
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		- 3 5 .	,	42174.37	y -	132051.90
8.	Cash on Hand at Close of Reporting Period (from Line 27)		• 3	· * . :	12346.90 		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		y	.y	0.00		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		· 9	3	131141.21		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

PAGE 3 / 112

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Cam	Cavasso	for	U.S.	Senate
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		M M	D ^ D	¥ " Y ·		M M	G 0	YY
Report Covering the Period:	From:	04	01	2014	To:	06	30	2014

I. RECEIPTS			COLUMN A Total This Period				COLUMN B Election Cycle-to-Date			
11.	11. CONTRIBUTIONS (other than loans) FROM:									
	(a)	Individuals/Persons Other Than								
		Political Committees				59380.00				454555
		(i) Itemized (use Schedule A)		. 9	3	39360.00		,		101530.00
		(ii) Uniternized			**	3857.01				11946.01
		(iii) TOTAL of contributions		-3.	,			7	,	11040.01
		from individuals		5 ~		63237.01		•		113476.01
			14 42)25 74	20 ju - 127 20 ju - 127	ere in edition military pres	Sant - Santana	*.t _a , .		. 5. T.	inter Burgal
	(p)	Political Party Committees		43 %	. يا راژ انو . الله:	0.00	<u>1</u>	<i>y</i> • 7 · · ·		0.00
	(c)	Other Political Committees		a salata	arrawayn.	The second of th		-	·* 3 ",	At 1 1 miles
		(such as PACs)	. <u> </u>	(Fig.)	يدونا السرار	8000.00		- :3 :	\$:	9000.00
	(d)	The Candidate	. ""	≭ 32 ,800 °	Çu ti¥mi , Yosaq	5175.00		. *,	<u>.</u> - •	- •
	(e)	TOTAL CONTRIBUTIONS		. 3	J.			. 5	1	7538.00
	` '	(other than loans)								
	_	(add Lines 11(a)(iii), (b), (c), and (d))		3 '	,	76412.01		3 .	,	130014.01
12.	TRA	ANSFERS FROM OTHER								
		THORIZED COMMITTEES				0.00				0.00
				Fair	us k i.	**		, J ' ,	3	·
13.	LOA									
	(a)			÷	ಜಿನಿಷಾಗ್ವರ್ಷ: ಗ್ರೌ-೨ ಸ್ಥ	Trans.				••
		Candidate	· a 7	5	3.	3476.01		3 .	-5:	115372.27
	(b)	All Other Leave	·* (F	n		0.00		\$2°	•	
	(c)	All Other Loans TOTAL LOANS			a 3 .	•		-3-	3"	0.00
	(C)	(add Lines 13(a) and (b))				3476.01				445070.07
		(200 2000 (5(d) 200 (b))) .		115372.27
14.	OFF	SETS TO OPERATING								
	EXP	ENDITURES				- ig				
	(Ref	unds, Rebates, etc.)		د <u>ر ا</u> لاس	يدان	0.00				2165.68
4.5					- · · · - · - · ·	÷ -		. 5 °	-3	•
15.	-	HER RECEIPTS								
		dends, interest, etc.)		w.db	19	0.00			d)	0.00
16.	TOT	AL RECEIPTS (add Lines								•
), 12, 13(c), 14, and 15) ry Total to Line 24, page 4)				79888.02				247551.96
	,	, and an page 4/		7	3	*		,		~ ~ 11001.30

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DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

PAGE 4 / 112

<u></u>	II. DISBURSEMENTS		UMN A his Period	COLUMN B Election Cycle-to-Date			
17.	. OPERATING EXPENDITURES	я.	42174.37	7	134217.58		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	y -	0.00		0.00		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		28515.65		111651.43		
	(b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS	.₹ 2. * **	0.00	. ? ? ;	0.00		
20.	(add Lines 19(a) and (b)) REFUNDS OF CONTRIBUTIONS TO:	5	28515.65	,	, 111651.43		
20.	(a) Individuals/Persons Other Than Political Committees	,	0.00	,	450.00		
	(b) Political Party Committees(c) Other Political Committees(such as PACs)	. 3	0.00	,	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		0.00	. 5	0.00 450.00		
21.	OTHER DISBURSEMENTS	e v ≸ ter soon	0.00 •••••	7	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	,	70690.02		246319.01		
	III. CASH SU	MMARY		-			
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD		3	3148.90		
24	TOTAL RECEIPTS THIS PERIOD (from Line 1	6, page 3)		,	79888.02		
25.	SUBTOTAL (add Line 23 and Line 24)			,	, 83036.92		
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)		9.	70690.02		
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	PERIOD		y .	12346.90		

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 112 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements m	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
Full Name (Last, First, Middle Initial) William Armstrong Mailing Address 8787 West Alameda Ave. City Lakewood FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2014	State CO C Occupation Election Cy	Zip Code 80226	Date of Receipt 05 19 2014 Transaction ID : SA11AI.7786 Amount of Each Receipt this Period 1000.00
Primary General Other (specify)	^	1000.00	
Full Name (Last, First, Middle Initial) Alexander Brodie Mailing Address 3791 Ahonui Place City Princeville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: 2014 Primary General Other (specify)	State HI C Occupation Farmer Election Cy	rcle-to-Date 230.00	Date of Receipt M M D D 2014 Transaction ID : SA11AI.7774 Amount of Each Receipt this Period 200.00
Full Name (Last, First, Middle Initial) Nanette Cavasso Mailing Address P.O. Box 44 City Walmanalo FEC ID number of contributing federal political committee.	State HI	Zip Code 96795	Date of Receipt M M D D V Y Y 06 02 2014 Transaction ID : SA11Al.7791
Name of Employer Receipt For: 2014 Primary General Other (specify)	Occupation Housewife Election Cyc	cle-to-Date 5200.00	Amount of Each Receipt this Period 5200.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number.			6400.00

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF 112 Use separate schedule(s) (check only one) for each category of the XIIIa 11b 11c 11d Detailed Summary Page 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) Candice A Ching Date of Receipt Mailing Address 1319 Ala Alii St ีผู่ '∗ อ " ย 01 2014 City State Zip Code Transaction ID : SA11AI.7919 Honolulu Н 96818 externed to place a large. FEC ID number of contributing Amount of Each Receipt this Period federal political committee. a Bear Name of Employer 1850.00 Occupation Retired Retired Receipt For: 2014 Election Cycle-to-Date **X** Primary General Other (specify) 2600.00 Full Name (Last, First, Middle Initial) Candice A Ching Date of Receipt Mailing Address 1319 Ala Alii St 01 2014 City State Zip Code Honolulu Transaction ID : SA11AI.8126 Н 96818 FEC ID number of contributing a company or . . C federal political committee. Amount of Each Receipt this Period Name of Employer 250.00 Occupation Retired Retired Receipt For: 2010 Election Cycle-to-Date > Primary General Other (specify) 2850.00 3. • Full Name (Last, First, Middle Initial) Candice A Ching Date of Receipt Mailing Address 1319 Ala Alii St EM M 05 01 2014 City State Zip Code Transaction ID: SA11AI.7921 Honolulu HI 96818 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation 2000.00 Retired Retired Receipt For: 2010 Election Cycle-to-Date Primary General Other (specify) 4850.00 ş. SUBTOTAL of Receipts This Page (optional) 4100.00 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 112 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any the name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) Eric Ching Mailing Address 1319 Ala Alii St. City	State Zip Code	Date of Receipt M M D V V 06 02 2014
Honolulu	HI 96818-1858	Transaction ID : SA11Al.7922
FEC ID number of contributing federal political committee.	As the first of the second of	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	2000.00
Receipt For: 2010 Primary X General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Eric Ching Mailing Address 1319 Ala Alii St.		Date of Receipt
City	State Zip Code	06 30 2014 Transaction ID : SA11AI.7925
FEC ID number of contributing federal political committee.	HI 96818-1858	Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	2600.00
Receipt For: 2010 Primary X General Other (specify)	Election Cycle-to-Date 4600.00	
Full Name (Last, First, Middle Initial) Eric Ching		Date of Receipt
Mailing Address 1319 Ala Alii St.		06 30 2014
City Honolulu	State Zip Code HI 96818-1858	Transaction ID : SA11AI.8125
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Retired	Occupation Retired	1600.00
Receipt For: 2010 Primary General Other (specify)	Election Cycle-to-Date 6200.00	
SUBTOTAL of Receipts This Page (optional).		6200.00
TOTAL This Period (last page this line number	er only) ·	

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PAGE FOR LINE NUMBER: 8 OF 112 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED RECEIPTS X | 11a 11b 11c 11d Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) Wayne Cordeiro Date of Receipt Mailing Address 7007 Hawaii Kai Dr. C24 M M D G 09 2014 City State Zip Code Transaction ID: SA11AI,7794 Honolulu н 96825 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation New Hope Oahu Pastor Receipt For: 2014 Election Cycle-to-Date Y Primary General Other (specify) 250.00 i. . . **5**. Full Name (Last, First, Middle Initial) Gary A Cordery Date of Receipt Mailing Address 99-1191 Iwaena St. #D 25 2014 State Zip Code Transaction ID: SA11AI.7743 Aiea HI 96819 FEC ID number of contributing C federal political committee. Amount of Each Receipt this Period Name of Employer 500.00 Occupation Kingdom Builders Contractor Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 500.00 Full Name (Last, First, Middle Initial) Thomas Dougherty Date of Receipt Mailing Address 10910 Rollingwood Place 2014 01 City State Zip Code Transaction ID : SA11AI.7770 Fort Wayne IN 46845 FEC ID number of contributing C federal political committee. Amount of Each Receipt this Period Name of Employer Occupation 100.00 Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 600.00 SUBTOTAL of Receipts This Page (optional)..... 850.00 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 112 (check only one) X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or used by any name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
rect ID number of contributing federal political committee. Name of Employer Aqua Receipt For: 2014	State Zip Code HI 96707 Cocupation Corporate Director Election Cycle-to-Date	Date of Receipt 05 03 2014 Transaction ID : SA11AI.7703 Amount of Each Receipt this Period 250.00
Primary General Other (specify)	250.00	
Northwestern Mutual Receipt For: 2014 Primary General	State Zip Code IL 60305 C Description Tinancial Advisor Election Cycle-to-Date	Date of Receipt 06 24 2014 Transaction ID : SA11AI.7742 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Grant Fraser Mailing Address 8383 Wilshire Blvd Suite 600 City Beverly Hills	State Zip Code CA 90211-2425	Date of Receipt M M C D Y Y Y Y O O O O O O O O O O O O O O O
MassMutual II	Cocupation Insurance Agent Election Cycle-to-Date 5200.00	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		3550.00
TOTAL This Period (last page this line number only	<i>/</i>)	

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 112 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any not the name and address of any political commit	person for the purpose of soliciting contributions tree to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Sena	nte	
Full Name (Last, First, Middle Initial) Edward Gutteling Mailing Address 153 Honolii Pl.		Date of Receipt 05 27 2014
City Hilo	State Zip Code HI 96720	Transaction ID : SA11AI,7732
FEC ID number of contributing federal political committee.	C .	Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: 2014 Primary General Other (specify)	Occupation Orthopedic Surgeon Election Cycle-to-Date	250.00
Full Name (Last, First, Middle Initial) Donald Harrington Mailing Address 4150 Via Dolce Apt 124		Date of Receipt
City Marina Del Rey	State Zip Code CA 90292	06 12 2014 Transaction ID : SA11AI.7740
FEC ID number of contributing federal political committee.	C _y	Amount of Each Receipt this Period
Name of Employer MassMutual Receipt For: 2014 Primary General Other (specify)	Occupation Insurance Agent Election Cycle-to-Date 3000.00	2000.00
Full Name (Last, First, Middle Initial) Jamin Hiebert		Date of Receipt
Mailing Address 92-1479 Hoalii Street City	7. 0. 1	04 09 Y Y Y
Kapolei	State Zip Code HI 96707	Transaction ID : SA11AI,7905
FEC ID number of contributing federal political committee.	C.	Amount of Each Receipt this Period
Name of Employer Altres Receipt For: 2014	Occupation Laborer	Construction, 500.00
Primary General Other (specify)	Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	ıl)	2750.00
TOTAL This Period (last page this line num	ther only)	

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 11 OF 112 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements m	nay not be sold of address of any p	or used by any poolitical committe	1 12 13a 13b 14 15 Derson for the purpose of soliciting contributions Der to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	е			
Full Name (Last, First, Middle Initial)				
A. Stephen Holck Mailing Address 1495 Kiukee Place			 .	Date of Receipt
				06 30 2014
City	State	Zip Code		Transaction ID : SA11AI.7746
Kailua	——————————————————————————————————————	96734		
FEC ID number of contributing federal political committee.	C,			Amount of Each Receipt this Period
Name of Employer Self	Occupation Rental Man			, , , , ,
Receipt For: 2014		/cle-to-Date	<u>-</u>	
Other (specify)		j	375.00	
Full Name (Last, First, Middle Initial) B. Jack A Hughes		<u></u>		Date of Receipt
Mailing Address 13030 Sugarbluff Road				M M O D Y Y O O O O O O O O O O O O O O O O
City Clermont	State	Zip Code	····	Transaction ID : SA11AI.7679
	FL FL	34715		
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period
Name of Employer	Occupation		****	500.00
Retired	Retired			
Receipt For: 2014 Primary General Other (specify)		cle-to-Date	1000.00	
Full Name (Last, First, Middle Initial) Paul Lai				
C. Mailing Address 512 Puukena Dr.				Date of Receipt
				04 24 2014
City Honolulu	State HI	Zip Code 96821		Transaction ID : SA11AI.7782
FEC ID number of contributing federal political committee.	С	:	***	Amount of Each Receipt this Period
Name of Employer	Occupation			700.00
Self-Employed	Developer			9 :
Receipt For: 2014 Primary General	Election Cy	cle-to-Date		
Other (specify)		,	787.00	
SUBTOTAL of Receipts This Page (optional)				1225.00

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 112	
			(check only one)	
			X 11a 11b 11c 11d	
_			Detailed Sulfilliary Fage	12 13a 13b 14 15
A	ny information copied from such Reports an for commercial purposes, other than using	d Statements method the name and	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			The state of the s
<u>_</u>	Full Name (Last, First, Middle Initial) Richard Le Brun			
A.	Mailing Address PO Box 15907			Date of Receipt
	City	Ctoto	7:- 0-1-	06 05 2014
	Honolulu	State HI	Zip Code 96830	Transaction ID : SA11AI.7792
	FEC ID number of contributing federal political committee.	C	e aleman je vermanjem sa na poslava se semena se	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	1000.00
	Hale Koa Hotel	Manager		
	Receipt For: 2014 X Primary General	Election C	ycle-to-Date	
	Other (specify)		, 1000.00	
В.	Full Name (Last, First, Middle Initial) Michael R Marsh	Date of Receipt		
	Mailing Address 4255 Pahoa Ave.	MIM TO D Y Y		
	City	State	Zip Code	
	Honolulu	HI	96816	Transaction ID : SA11AI.7735
	FEC ID number of contributing federal political committee.	C.	Book Market State Control	Amount of Each Receipt this Period
	Name of Employer	Occupation		250.00
	Case Lombardi	Atty.		•
	Receipt For: 2014	T	/cle-to-Date	
	Primary General	Liconon Cy		
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)	<u> </u>		
C.	Danny Melton			Date of Receipt
	Mailing Address 94-1033 Halepili St			MICHAEL DIE VERVENUNG
	City	State	Zip Code	05 28 2014
	Waipahu	н	96797	Transaction ID : SA11AI.7733
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer	Occupation		250.00
	Joint POW/MIA Accounting Cmnd	Policy Advis		y y
	Receipt For: 2014	Election Cy		-
	∑ Primary General	Liection Cy		
	Other (specify)		2600.00	
				1500.00
S	JBTOTAL of Receipts This Page (optional)	***************************************		1500.00
T	OTAL This Period (last page this line number	only)		ž . ¥

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S	CHEDULE A (FEC Form 3)	•		FOR LINE NUMBER: PAGE 13 OF 1
ITEMIZED RECEIPTS		,	Use separate schedule(s)	(check only one)
		for each category of the	X 11a 11b 11c 11d	
		Detailed Summary Page	12 13a 13b 14	
r	y information copied from such Reports a for commercial purposes, other than usin	and Statements m	ay not be sold or used by any address of any political commit	y person for the purpose of soliciting contribution ttee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Sena	te		
	Full Name (Last, First, Middle Initial)			
	Martha J Mowry			
•	Mailing Address PO Box 929			Date of Receipt
	City	State	Zip Code	04 08 2014
	Hanalei	HI	96714-0929	Transaction ID : SA11AI.7777
	THERES		90714-0929	
	FEC ID number of contributing federal political committee.	C	n i ristra di Saluri d a Pa ra da la la	Amount of Each Receipt this Period
	Name of Employer	Occupation		5200.00
	Retired	Retired		বিশ্বস্থা হ 🐉 ক্রান্ত বিভাগের 🗅
	Receipt For: 2014			
	Primary General	Election C	/cle-to-Date	
	Other (specify)		5200.00	
	L_ Guidi (Specify)		,	
	Full Name (Last, First, Middle Initial) Martha J Mowry			Date of Bassist
	Mailing Address PO Box 929			Date of Receipt
	Manual Address PO Box 858			M M D D V Y Y
	City	State	Zip Code	04082014
	Hanalei	HI	96714-0929	Transaction ID : SA11AI.7916
	EEC ID number of contribution			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	odoral political dominities.	1 A Sambe	- औष्णताः -	
	Name of Employer	Occupation		5000.00
	Retired	Retired		•
	Receipt For: 2010	Election Cy	rcle_to_Date	
	Primary General	Liection Cy		
	Other (specify)		10200.00	
	()			
	Full Name (Last, First, Middle Initial)			
	Martha J Mowry			Date of Receipt
•	Mailing Address PO Box 929			
	, O DOX 323			мплип р в , 1 уг уг 04 08 2014
	City	State	Zip Code	သောက်သည်။ ကိုသည်ကို မောက်သည်။ သည် သည်။ ကို နှစ်
	Hanalei	HI	96714-0929	Transaction ID : SA11AI.7918
•	FEC ID number of contributing	T. The A. Lake	COMPONENT OF A SECTION OF A SEC	
	federal political committee.	C		Amount of Each Receipt this Period
	1	` T .		- Cooperation of the cooperation
	Name of Employer	Occupation	744	2300.00
	Retired	Retired		•
•	Receipt For: 2004	Election Cy	cle-to-Date	-
	∑ Primary General	Liection Cy	CIG-10-Date	
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	Other (specify)			

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 112 (check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13b 14 15				
Any information copied from such Reports and or for commercial purposes, other than using	d Statements m	nay not be sold or used by any address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		, , , , , , , , , , , , , , , , , , , ,	to send comments non each committee.				
Full Name (Last, First, Middle Initial) William F Mowry							
A. Mailing Address PO Box 929			Date of Receipt M M D D Y Y Y 04 08 2014				
City	State	Zip Code					
Hanalei	НІ	96714-0929	Transaction ID : SA11AI,7776				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer Retired	Occupation Retired	1	5200.00				
Receipt For: 2014 Primary General	Election C	ycle-to-Date					
Other (specify)	:	5200.00					
Full Name (Last, First, Middle Initial) B. William F Mowry			Date of Receipt				
Mailing Address PO Box 929			мм рур 04 08 2014				
City Hanalei	State HI	Zip Code	Transaction ID : SA11AI.7915				
FEC ID number of contributing	ח	96714-0929					
federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer	Occupation		5000.00				
Retired	Retired		Retirement of Debt				
Receipt For: 2010 Primary	Election Cy	rcle-to-Date					
Primary X General Other (specify)		10200.00					
Full Name (Last, First, Middle Initial) C. William F Mowry		-	Date of Receipt				
Mailing Address PO Box 929			M M 0 D Y Y Y 0 04 08 2014				
City Hanalei	State HI	Zip Code 96714-0929	Transaction ID : SA11AI,7917				
FEC ID number of contributing federal political committee.	С	,	Amount of Each Receipt this Period				
Name of Employer	Occupation		2300.00				
Retired	Retired	444					
Receipt For: 2004 Primary General Other (specify)	Election Cy						
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
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			Detailed Summary Page	12 13	-				
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1	NAME OF COMMITTEE (In Full)								
1/	Cam Cavasso for U.S. Senate								
<u>/</u>	Full Name /I set First Middle Initial)								
	Full Name (Last, First, Middle Initial) Cormac P O'Carroll								
A.			·	Date of Receig	ot				
	Mailing Address 7217 Makaa St.			M M 10		¥ ¥			
	Oth.			06	09	2014			
	City	State	Zip Code	Transaction ID :	SA11A17	732			
	Honolulu	HI.	96825	Transdotton ID .	UNITAL.	130			
	FEC ID number of contributing		· · · · · · · · · · · · · · · · · · ·						
	federal political committee.	C			Amount of Each Receipt this Pe				
		pr		ALCOHOLD SEC	removed to	*			
	Name of Employer	Occupation			,	500.00			
	Business Owner	Hawaiian Is	land Sports						
	Receipt For: 2014	Election C	/cle-to-Date						
	Primary General		3.4						
	Other (specify)		500.00						
_			,						
	Full Name (Last, First, Middle Initial)			·					
В.	Raymond C Poteet			Date of Receip	at .				
Ь.	Mailing Address 3110 Mesa Way Suite B			- Date of Heceip					
	5 TTO Mesa Way Suite B			м м b	- b	. Y Y			
	City	State	Zip Code		27	2014			
	Lawrence	KS	66049	Transaction ID :	SA11AI.7	745			
	FEC ID number of contributing	for the control	a the surprise of the second second second						
	federal political committee.	C	,	Amount of Eac	this Period				
		. —							
	Name of Employer	Occupation		_		1000.00			
	Alpha & Omega Financial Srv.	Financial Ad	visor/Sales		,				
	Receipt For: 2014	Election Cy							
	✓ Primary General	Clection Cy		i					
	Other (specify)		1000.00						
	lacean,)		* · · · · · · · · · · · · · · · · · · ·						
	Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·						
_	Tadd Rienstra			Date of Receip					
C.	Mailing Address 94-1007 Laiama Loop			 	1				
	54-1007 Calama Loop				D	A A. A.			
	City	State	Zip Code		14	2014			
	Waipahu	н	96797	Transaction ID:	SA11AI.7	779			
	FEC ID number of contributing		or the company of the co						
	federal political committee.	C	A STATE OF THE STA	Amount of Faci	h Donnint	this Deviced			
		O ,		Amount of Each	neceipi	inis Period			
	Name of Employer	Occupation		_		1000.00			
	Christian Construction	General Cor	itractor		.)	<u>.</u> •			
	Receipt For: 2014	Election Cy							
	Primary General	Liebtion Cyl							
	Other (specify)		1250.00						
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SUBTOTAL of Receipts This Page (optional)			,		2500.00				
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SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

16 OF 112 PAGE FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 11d **Detailed Summary Page** 13a 13b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) Jon Ruckle Date of Receipt Mailing Address 1402 S Brookside Terrace 09 City State Zip Code Transaction ID: SA11AI.7710 WA Tacoma 98465 FEC ID number of contributing ₹C. Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Self-employed Physician Receipt For: 2014 Election Cycle-to-Date | Primary General 1000.00 Other (specify) - 7 . . . Full Name (Last, First, Middle Initial) Robert Sage Date of Receipt Mailing Address PO Box 861599 ° b″ - b′ f : 04 04 2014 City State Zip Code Transaction ID : SA11AI.7773 Wahiawa НІ 96786 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer 2500.00 Occupation Federal Management Owner Receipt For: 2014 Election Cycle-to-Date Primary General gram a market or management Other (specify) 2500.00 . Frankling to June 1 makes day at Full Name (Last, First, Middle Initial) Nadine A Stollenmaier Date of Receipt Mailing Address 1450 Akuleana Place 05 2014 16 City State Zip Code Transaction ID: SA11AI.7682 Kailua н 96734-4150 FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer 500.00 Occupation **Dunhill Professional Staffing Employment Consultant** Receipt For: 2014 Election Cycle-to-Date Primary General Other (specify) 1000.00 ş .

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		e name and a	address of any po	olitical committe	ee to s	Olicit	contr	ibutior	ns tron	Such	1 comm	uttee.
	AME OF COMMITTEE (In Full)											
1/ 0	Cam Cavasso for U.S. Senate											
Fı	ull Name (Last, First, Middle Initial)				1						•••	
1	Lanar Wright						Date of Receipt					
A. $\frac{1}{M}$	Mailing Address 2948 E Herd Drive							ceipt	_	. ز.	· .	
	= 1070 1170 10710					05		09	a :		ν ν 2014	Y
C	ty	State	Zip Code		- 1 '	anese		Vin 1174	: 411AI,	-		
	feridian	ID.	83942			411546	LION	IU . 3/	ATTAI,	7711		
FF	EC ID number of contributing	gramua rilla	er. Name at an armer of the second	r marks								
	deral political committee.	C,			!			Each	Receip	t this	Period	
	and of Familian	· · · · · · · · · · · · · · · · · · ·	 	******	_						800.	00
Ni	ame of Employer	Occupation	1		-			3	:	,	. #	
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rii i	Primary General	Election Cy	ycle-to-Date									
ļ	Other (specify)	***		800.00								
Į,	Union (optionly)	•	5	•								
Fu	II Name (Last, First, Middle Initial)											
	ames T Yamada					Date of Receipt						
<u>.</u> М	Mailing Address 98-1265 Kulawai St.				_			•				
						. M №		D 06			ү ү 2014	
Ci	-	State	Zip Code		Tr.	near	ion I		: \11A1.7			
A	lea	HI	96701			311300	1011	. J.	VI IAI	750		
FE	C ID number of contributing	_	8 1 2 2					_				
fe	deral political committee.	C			Amount of Each Receipt this Period				Period	ı		
N:	ame of Employer	Occupation			_						250.	00
	1 A-Lectrician Inc.	CEO/Presid							•	Í ·		
	ecelpt For: 2014											
5	✓ Primary General	Election Cy	ycle-to-Date		. [
ĺ	Other (specify)			500.00								
h-	essend	,	.5 · · · · · · · · · · · · · · · · · · ·	, 4. 5								
	il Name (Last, First, Middle Initial)				\dashv		_					
	Janell M H Yin				[Date o	f Re	ceipt				
Ma	ailing Address 3270 Pawaina St.					M M		o :	D		/ ¥	
Ci	tv.	Chr.+-	71			05		19			2014	
	onolulu	State HI	Zip Code		Tra	ansac	tion	ID : S/	411AI.	7785		
_			96822		\dashv							
	C ID number of contributing deral political committee.	C	i e e	. • .		Amour	ıt of	Fach I	Becein	t thin	Period	
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Na	ame of Employer	Occupation			\dashv						255.	00
Dr	. Paul Yin DDS Inc.	Receptionis	t								•	
Re	ceipt For: 2014	Election Cy	/cle-to-Date		-							
	Primary General			a 1 1 1 1 2 2								
	Other (specify)		5	255.00								
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SCHEDULE A (FEC Form 3)	
ITEMIZED RECEIPTS	

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11a 11b X 11c 11d
Any information copied from such Reports	and Statements may not be sold or used by a	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Sen		militiee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. MassMutual PAC		
Mailing Address 1295 State Street City		Date of Receipt 04 08 2014
Springfield	State Zip Code MA 01111-0001	Transaction ID : SA11C.7911
FEC ID number of contributing federal political committee.	C C00118943	Amount of Each Receipt this Period
Name of Employer	Occupation	, , , , , , , , ,
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial) Next Century Fund PAC		Date of Receipt
Mailing Address 116 S Royal St.		M M D D Y Y Y
City Alexandria	State Zip Code VA 22314	Transaction ID : SA11C.7910
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	5000.00
Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 5000.00	
Full Name (Last, First, Middle Initial)		Date of Presint
Mailing Address		Date of Receipt
City	State Zip Code	
FEC ID number of contributing federal political committee.	C t	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
Опот дреску)	,	
SUBTOTAL of Receipts This Page (optional	1)	\$000.00 • • • • • • • • • • • • • • • • • • •
TOTAL This Period (last page this line num	ber only)	8000.00

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SCHEDULE A (FEC Form 3)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 OF 112 (check only one)					
ITEMIZED RECEIPTS			for each category of the	11a 11b 11c X 11d					
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A oı	ny information copied from such Reports and to for commercial purposes, other than using the	Statements me name and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate								
Α.	Full Name (Last, First, Middle Initial) Campbell Cavasso			Date of Receipt					
,,,	Mailing Address P.O. Box 44			м м в с у у 06 02 2014					
	City Waimanalo	State HI	Zip Code 96795	Transaction ID : SA11D.7790					
	FEC ID number of contributing federal political committee.	C S4H	HI00102	Amount of Each Receipt this Period					
	Name of Employer MassMutual	Occupation Insurance A		5175.00					
	Receipt For: 2014 Primary General Other (specify)	1 - 1 - 1 - 1	/cle-to-Date 93258.95						
В.	Full Name (Last, First, Middle Initial)			Date of Receipt					
υ.	Mailing Address			. 84					
	City	State	Zip Code						
	FEC ID number of contributing federal political committee.	Ć		Amount of Each Receipt this Period					
	Name of Employer	Occupation		· •					
	Receipt For: Primary General Other (specify)	con minimum a graph	vcle-to-Date						
_	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		D. (B.)					
C.	Mailing Address			Date of Receipt					
	City	State	Zip Code						
	FEC ID number of contributing federal political committee.	C	ar rantadarum garager jawas	Amount of Each Receipt this Period					
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify)	Election Cy	cle-to-Date						
s	UBTOTAL of Receipts This Page (optional)	***************************************		5175.00					
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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Hon congrete ashedulate?	FOR LINE NUMBER: PAGE 20 OF 112			
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			Detailed Summary Page	11a 11b 11c 11d		
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A o	ny information copied from such Reports and S r for commercial purposes, other than using the	statements mand a	ay not be sold or used by any address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
\overline{N}	NAME OF COMMITTEE (In Full)					
	Cam Cavasso for U.S. Senate					
Α.	Full Name (Last, First, Middle Initial) Campbell Cavasso			5.1.46		
Α.	Mailing Address P.O. Box 44	Date of Receipt M M D V Y Y Y 06 23 2014				
	City	State	Zip Code			
	Waimanalo	Hi	96795	Transaction ID : SA13A.7928		
	FEC ID number of contributing federal political committee.	_	HI00102	Amount of Each Receipt this Period		
	Name of Employer	Occupation	44	1000.00		
	MassMutual	Insurance A		Loan from candidate		
	Receipt For: 2014 Primary General	Election Cy		_		
	Other (specify)		94258.95			
В.	Full Name (Last, First, Middle Initial) Campbell Cavasso-3240		Date of Receipt			
	Mailing Address 41-530 Waikupanaha Street			M M C D V Y Y Y O O O O O O O O O O O O O O O O		
	City	State	Zip Code	the state of the s		
	Waimanalo	HI	96795	Transaction ID : SA13A.8112		
	FEC ID number of contributing federal political committee.	С	energia de la composição	Amount of Each Receipt this Period		
	Name of Employer	Occupation	-	400.14 loan		
	Receipt For: 2014	Election Cyt	cle-to-Date			
	Primary General					
	Other (specify)	ą	4187.09			
_	Full Name (Last, First, Middle Initial) Campbell Cavasso-9003			Date of Receipt		
C.	Mailing Address 41-530 Waikupanaha Street			M M D D Y Y Y		
	City	State	Zip Code	05 24 2014		
	Waimanalo	HI	96795	Transaction ID : SA13A.8117		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period			
	Name of Employer	Occupation		1703.07		
	Receipt For: 2014 Primary General Other (specify)	Election Cyc	1703.07			
S	JBTOTAL of Receipts This Page (optional)			3103.21		

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 112 (check only one)		
A	ny information copied from such Reports and r for commercial purposes, other than using t	Statements m	l av not be sold or used by any	person for the purpose of soliciting contributions see to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate				
Α.	Full Name (Last, First, Middle Initial) Campbell Cavasso-9003			D-1- 1/D : 1	
	Mailing Address 41-530 Waikupanaha Street			— Date of Receipt M M D 0 T Y Y 06 25 2014	
	City Waimanalo	State HI	Zip Code 96795	06 25 2014 Transaction ID : SA13A.8118	
	FEC ID number of contributing federal political committee.	C	и филопросточного при под	Amount of Each Receipt this Period	
	Name of Employer	Occupation		372.80	
	Receipt For: 2014 Primary General Other (specify)	Election Cy	/cle-to-Date 2075.87		
— В.	Full Name (Last, First, Middle Initial)		,	Date of Receipt	
٥.	Mailing Address			M M Y	
	City	State	Zip Code	The same of the sa	
	FEC ID number of contributing federal political committee.	C	Commission apparatures a manthematic s	Amount of Each Receipt this Period	
	Name of Employer	Occupation		,	
	Receipt For: Primary General Other (specify)	Election Cy			
_	Full Name (Last, First, Middle Initial)		• •		
C.	Mailing Address			Date of Receipt	
	City	State	Zip Code		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	Name of Employer Occupation		· · · · · · · · · · · · · · · · · · ·		
	Receipt For: Primary General Other (specify)	Election Cyc	cle-to-Date		
S	UBTOTAL of Receipts This Page (optional)			372.80	
	OTAL This Period (last page this line number			3476.01	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s)		OR LINE NUMBER: check only one)	PAGE 22 (OF 11
		for each category of the				
•	EMILLD DIODOMOLMENTS	Detailed Summary Page		X 17 18	19a	
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	NAME OF COMMITTEE (In Full)	···				
\rangle	Cam Cavasso for U.S. Senate					
/	Sam Samuel io. Sign Condition					
	Full Name (Last, First, Middle Initial)					
	AMEX			Date of Disbursement		
t.,	/ NAICX					
	Mailing Address B.O. B Obt. Co.		i	MIN / DID	TANK Y	
	Mailing Address P.O. Box 981535			04 07	2014	
	City					
	City State	Zip Code		Amount of Each Disbu	rsement this I	Period
	El Paso TX	79998-1535		•		
	Purpose of Disbursement service charge					.95
		C	001	Transaction ID : SB17.76	, . B97	
	Candidate Name	Cate	egory/			
			ype			
	Office Sought: House Disbursement F					
	Senate X Primar	y General				
	President Other	(specify)				
	State: District:	• • • • • • • • • • • • • • • • • • • •				
	Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·				
	AMEX					
•	· ····			Date of Disbursement		
	Mailing Address P.O. Box 981535			M M M	YY	
	P.O. Box 981535			05 05	2014	
	City State	Zip Code				
	El Paso TX	79998-1535	J	Amount of Each Disbu	rsement this F	Period
	Purpose of Disbursement			e and an area of the second		
	service charge		001	an restant #2 or or or age		.95
	Candidate Name			Transaction ID : SB17.78		
			egory/			
	Office Sought: House Disbursement Fo		/pe			
	ļ					
			1			
	President Other	specify)				
	State: District:					
	Full Name (Last, First, Middle Initial)					
	AMEX			Date of Disbursement		
				м м ор		
	Mailing Address P.O. Box 981535			06 03	2014	
	O		ĺ		2014	
	=	ip Code		Amount of Each Disbur	sement this D	Pariod
_	El Paso TX	79998-1535			oomen ma	CHOQ.
•	Purpose of Disbursement Service Charges	to an administration	the grant of			.95
		00	-		,	
(Candidate Name		gory/	Transaction ID : SB17.78	37	
_		Ту	pe			
(Office Sought: House Disbursement Fo	2014				
	Senate	General				
	President Other (specify)	1			
	1 1	P//				
Ş	State: District:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	FOR LINE NUMBER: PAGE 23 OF 112 (check only one) X 17
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
A.	Full Name (Last, First, Middle Initial) Anedot Mailing Address			Date of Disbursement 06 30 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Service charges Candidate Name		009 Category/ Type	<u> </u>
	State: District:	(mmmm)		
В.	Full Name (Last, First, Middle Initial) Banners on the Cheap Mailing Address 11525 A Stonehollow Dr. #100			Date of Disbursement M M D D / Y Y 06 ,16 2014
	City State Austin TX Purpose of Disbursement Campaign signs Candidate Name	Zip Code 78758	006 Category/ Type	Amount of Each Disbursement this Period 6885.46 Transaction ID : SB17.7884
	State: District:	Mattalan		
C.	Full Name (Last, First, Middle Initial) BuildASign.com Mailing Address 11525 A Stonhollow Dr. # 100			Date of Disbursement M M J D Y Y 06 15 2014
	City State 2	Zip Code 78758	006 Category/	Amount of Each Disbursement this Period 508.76 Transaction ID : SB17.7885
	Office Sought: House Disbursement For Senate President Other State: District:	A LEMBORATOR .	Type	
s	UBTOTAL of Disbursements This Page (optional)			7934.38
T	OTAL This Period (last page this line number only)			en e

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	may not be sold or used by an i address of any political comm	y person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) A. Campbell Cavasso		Date of Disbursement
Mailing Address P.O. Box 44		04 01 2014
City State Waimanalo HI	Zip Code 96795	Amount of Each Disbursement this Period
Purpose of Disbursement Registration-Candidate Candidate Name	001	Transaction ID : SB17.7936
State: HI District:		y/
Full Name (Last, First, Middle Initial) B. Cindy Tees		Date of Disbursement
Mailing Address 1215 A Mookaula St City State		M M D D Y Y 05 26 2014
City State Honolulu Hi	Zip Code 96817	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign T-Shirts Candidate Name	007 Categor	Transaction ID : SB17.7867
Office Sought: House Disbursement For Senate President Other State: District:	or: 2014	
Full Name (Last, First, Middle Initial)		
Cindy Tees		Date of Disbursement
Mailing Address 1215 A Mookaula St		06 06 2014
Honolulu HI	Zip Code 96817	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign T-Shirts	007	377.75
Candidate Name	Categor Type	Transaction ID : SB17.7868
Office Sought: House Disbursement For Senate President Other (
SUBTOTAL of Disbursements This Page (optional)		828.75
TOTAL This Period (last page this line number only)		in i

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 112 (check only one) X 17
Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	address of any pointal commit	to solici contributions from socii committee.
Full Name (Last, First, Middle Initial) A. DemGen Inc		Date of Disbursement
Mailing Address 17 Bedford St		04 01 2014
City State Port Hope, ON, L1A 1W2 Canada ZZ	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Data Base Mgt. Candidate Name	001 Category Type	600.00 Transaction ID : SB17.8037
Office Sought: House Disbursement Form	r: 2014	
Full Name (Last, First, Middle Initial) B. DemGen Inc		Date of Disbursement
Mailing Address 17 Bedford St		M M D D / Y Y 04 04 2014
City State Port Hope, ON, L1A 1W2 Canada ZZ Purpose of Disbursement	Žip Code	Amount of Each Disbursement this Period
Data Base Mgt. Candidate Name	001 Category Type	600.00 Transaction ID : SB17.8039
Office Sought: House Disbursement For Senate President Other (state: District:	r: 2014 General	
Full Name (Last, First, Middle Initial) C. DemGen Inc		Date of Disbursement
Mailing Address 17 Bedford St		04 11 2014
City State Zi Port Hope, ON, L1A 1W2 Canada ZZ Purpose of Disbursement	ip Code	Amount of Each Disbursement this Period
Data Base Mgmt. Candidate Name	001 Category	600.00 Transaction ID : SB17.8041
Office Sought: House Disbursement For	Type Type General	
SUBTOTAL of Disbursements This Page (optional)		, , , , , , , , , , , , , , , , , , , ,
TOTAL This Period (last page this line number only)		s. geit til og og til og og til og

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 112 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. DemGen Inc		Date of Disbursement
Mailing Address 17 Bedford St		04 17 2014
City State Port Hope, ON, L1A 1W2 Canada ZZ	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Data Base Candidate Name	001	Transaction ID : SB17.8044
Office Sought: House Disbursement For Senate Primary		
State: President Other (s State: District: Full Name (Last, First, Middle Initial)	i	
B. DemGen Inc		Date of Disbursement
Mailing Address 17 Bedford St City State		M M D D , Y Y 05_, 02 2014 .
Oity State Port Hope, ON, L1A 1W2 Canada ZZ Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period 600.00
phone Candidate Name	001 Category/ Type	Transaction ID : SB17.8050
Office Sought: House Disbursement For Senate Primary Other (s	General	
State: District: Full Name (Last, First, Middle Initial)		
Fox Rent a Car LAX		Date of Disbursement
Mailing Address		04 09 2014
	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement Rental Car Candidate Name	002	222.23 Transaction ID : SB17.8073
Office Sought: House Disbursement For:	Category/ Type	
Senate Primary President State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		1422.23
TOTAL This Period (last page this line number only)		**************************************

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 112 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full)		
Cam Cavasso for U.S. Senate	*****	
Full Name (Last, First, Middle Initial) A. Global Payments		Date of Disbursement
Mailing Address 10 Glenlake Parkway NE		04 02 2014
City State Atlanta GA	Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Service fees Candidate Name	001	155.12 Transaction ID : SB17.7898
Office Sought: House Disbursement Fo	Catego Type	ry/
Senate		
Full Name (Last, First, Middle Initial) Global Payments		Date of Disbursement
Mailing Address 10 Glenlake Parkway NE		05 02 7 Y Y O5 02 2014
City State Atlanta GA	Zip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement serrvice Charges	. 001	147.17
Candidate Name	Categor Type	
Office Sought: House Disbursement Fo Senate Primary President Other (
Full Name (Last, First, Middle Initial) Global Payments		Date of Disbursement
Mailing Address 10 Glenlake Parkway NE		06 03 2014
Atlanta GA	ip Code 30328	Amount of Each Disbursement this Period
Purpose of Disbursement Service Charges Candidate Name	001 Categor Type	
Office Sought: House Disbursement Fo	r: 2014	
SUBTOTAL of Disbursements This Page (optional)		337.73
TOTAL This Period (last page this line number only)	·	<u> </u>

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	nedule(s) y of the	FOR LINE NUMBER: PAGE 28 OF 112 (check only one)
Ar	ny information copied from such Reports and Statements m			20a 20b 20c 21
or	for commercial purposes, other than using the name and	address of any poli	tical committe	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
	Full Name (Last, First, Middle Initial)			
A.	Go Daddy Software			Date of Disbursement
	Mailing Address			05 06 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE		001	29.59 Transaction ID : SB17.8020
	Candidate Name		Category/ Type	Hansaction ID . 3517.0020
	Office Sought: House Disbursement Form	General		
	Full Name (Last, First, Middle Initial)			
В.	Go Doddy Software			Date of Disbursement
	Mailing Address			— M M D D Y Y 05 07 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB SERVICE		001	Reports of the first section of the
	Candidate Name		Category/ Type	Transaction ID : SB17.8021
	Office Sought: House Disbursement For: Senate President Other (s) State: District:	General		
_	Full Name (Last, First, Middle Initial)			
C.	Google			Date of Disbursement
	Mailing Address 1600 Amphitheatre Parkway			04 29 2014
		Code		Amount of Each Disbursement this Period
	Mountain View CA 94 Purpose of Disbursement service	4043	001	51.11
	Candidate Name		Category/ Type	Transaction ID : SB17.8047
	Office Sought: House Disbursement For:	General		
	UBTOTAL of Disbursements This Page (optional)		,	grander i den i de l'emperation de la partique de la 110.04 en 1 mars de la financia de la 12.00 de l
T(OTAL This Period (last page this line number only)		***************************************	And the same of th

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate scher for each category of Detailed Summary	dule(s) (of the	COR LINE NUMBER: PAGE 29 OF 112 check only one) X 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and	may not be sold or us	sed by any pe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			semi-ediare num desir deminited.
Full Name (Last, First, Middle Initial) Google		Date of Disbursement OS 02 2014	
Mailing Address 1600 Amphitheatre Parkway			05 02 2014
City State Mountain View CA	Zip Code 94043		Amount of Each Disbursement this Period
Purpose of Disbursement service Candidate Name		001 Catagon/	56.00 Transaction ID : SB17.8049
Office Sought: House Senate President State: Disbursement Fo Primary Other (state)		Category/ Type	
Full Name (Last, First, Middle Initial) Google			Date of Disbursement
Mailing Address 1600 Amphitheatre Parkway			м м р и у у 06 03 2014
City State Mountain View CA	Zip Code 94043		Amount of Each Disbursement this Period
Purpose of Disbursement service	:	001	78.04 Transaction ID : SB17.8055
Candidate Name		Category/ Type	
Office Sought: House Disbursement Fo Senate Primary President Other (state: District:			
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		
Hawaiian Airlines			Date of Disbursement
Mailing Address 3375 Koapaka Street G-350			
**	ip Code 96819		Amount of Each Disbursement this Period
Travel Hnl-Kauai Candidate Name	ľ	002 Category/ Type	99.20 Transaction ID : SB17.7989
Office Sought: House Disbursement Formary	/ General	.,,,,,	
SUBTOTAL of Disbursements This Page (optional)		************	233.24
TOTAL This Period (last page this line number only)			The second secon

8

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 112 (check only one) X 17
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. Hawaiian Airlines		Date of Disbursement
Mailing Address 3375 Koapaka Street G-350		04 4 03 2014
City State Honolulu HI	Zip Code 96819	Amount of Each Disbursement this Period
Purpose of Disbursement Hnl-Maui Candidate Name	002	Transaction ID : SB17.7992
Office Sought: House Disbursement Fo		
Full Name (Last, First, Middle Initial) Hawaiian Airlines		Date of Disbursement
Mailing Address 3375 Koapaka Street G-350		04 04 2014
City State Honolulu HI	Zip Code 96819	Amount of Each Disbursement this Period
Purpose of Disbursement Hnl-Kauai-Hnl	002	
Candidate Name	Catego Typo	
Office Sought: House Disbursement For Senate President Other (state:	Promote Company	
Full Name (Last, First, Middle Initial) Hawaiian Airlines		Date of Disbursement
Mailing Address 3375 Koapaka Street G-350		04 04 2014
Honolulu HI S Purpose of Disbursement	ip Code 96819	Amount of Each Disbursement this Period 235.40
Hni-Kauai-Hni Candidate Name	002 Catego Type	Transaction ID : SB17.7996
Office Sought: House Disbursement For Senate President State: District:	General	
SUBTOTAL of Disbursements This Page (optional)		557.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad	y not be sold or used by any	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	uress or any political commit	tee to solicit contributions from such committee.
Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial)		
A. Hawaiian Airlines		Date of Disbursement
Mailing Address 3375 Koapaka Street G-350		04 13 2014
City State Honolulu HI	Zip Code 96819	Amount of Each Disbursement this Period
Purpose of Disbursement		135.20
Maui-Hnl Candidate Name	002 Category	Transaction ID : SB17.7998
Office County Division Division In the County of the Count	Туре	
Office Sought: House Disbursement For: Senate Primary President Other (spe	General	
State: District:		
Full Name (Last, First, Middle Initial) Hawaiian Airlines		_
3. Trawanan Annies		Date of Disbursement
Mailing Address 3375 Koapaka Street		M M D D Y Y
G-350		05 , 02, 2014
City State Honolulu Hi	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	96819	185.40
HNL-MAUI-HNL	002	9 9
Candidate Name	Category/ Type	Transaction ID : SB17.8016
Senate Primary Other (spe	2014 General cify)	
State: District:		
Full Name (Last, First, Middle Initial) Hawaiian Airlines		Date of Disbursement
Mailing Address 3375 Koapaka Street G-350		05 02 2014
City State Zip C	Code	Amount of Each Disbursement this Period
Honolulu HI 968 Purpose of Disbursement	19	185.40
HNL-MAUI-HNL	002	39
Candidate Name	Category/ Type	Transaction ID : SB17.8017
Office Sought: House Disbursement For:	(<u> </u>
Senate Primary President Other (spec	General	
State: District:		
SUBTOTAL of Disbursements This Page (optional)		506.00
TOTAL This Period (last page this line number only)		<u> </u>
, page time into themself only) minimum.	***************************************	•

S	CHEDULE B (FEC Form 3)	Use separate sci	nedule(s)	FOR LINE NUMBER: PAGE 32 OF 112 (check only one)
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X 17 18 19a 19b 20c 21
Ai Oi	ny information copied from such Reports and Statements m r for commercial purposes, other than using the name and a	nay not be sold or address of any pol	used by any tical commit	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	, "		
A.	Full Name (Last, First, Middle Initial) A. Hawaiian Airlines			Date of Disbursement
	Mailing Address 3375 Koapaka Street G-350			05 02 2014
	City State Honolulu HI	Zip Code 96819		Amount of Each Disbursement this Period
	Purpose of Disbursement BAGGAGE		002	60.00 Transaction ID : SB17.8018
	Candidate Name		Category/ Type	1
	Office Sought: House Disbursement For: Senate Primary President Other (specified in the content of the content	: 2014 General pecify) g		
В.	Full Name (Last, First, Middle Initial) Hawaiian Airlines			Date of Disbursement
	Mailing Address 3375 Koapaka Street G-350			05 20 2014
	City State Honolulu HI	Zip Code 96819		Amount of Each Disbursement this Period
	Purpose of Disbursement Portland-HnI Candidate Name		002 Category/ Type	537.41 Transaction ID : SB17.8025
	Office Sought: House Disbursement For:	General		
	Full Name (Last, First, Middle Initial)			
C.	Hawaiian Airlines			Date of Disbursement
	Mailing Address 3375 Koapaka Street G-350			— м м в р у у 05 23 2014
	Honolulu HI 96	Code 6819		Amount of Each Disbursement this Period
	Purpose of Disbursement Hnl-Kauai		002	189.20 Transaction ID : SB17.8026
	Candidate Name Office Sought: House Disbursement For:		Category/ Type	Transaction ID: SB17.6026
	Office Sought: House Disbursement For: Senate President Other (sp. State: District:	General		
SI	JBTOTAL of Disbursements This Page (optional)			786.61
_T	OTAL This Period (last page this line number coll)	· 		<u>.</u>

SCHEDULE B (FEC	•	Use separate so for each categor Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 33 OF 112 (check only one) X 17 18 19a 19b 20a 20b 20c 21
Any information copied from or for commercial purposes.	such Reports and Statements mother than using the name and	nay not be sold or	used by any p	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Cam Cavasso for	Full)			The second secon
Full Name (Last, First, Mid A. Hawaiian Airlines	dle Initial)			Date of Disbursement
Mailing Address 3375 Koa G-350	paka Street			05 30 2014
City Honolulu	State HI	Zip Code 96819		Amount of Each Disbursement this Period
Purpose of Disbursement Maui-Hni Candidate Name	- U-0-1-1	-	002	159.20 Transaction ID : SB17.8029
Office Sought: Hou	use Disbursement For:	. 2014	Category/ Type	
Ser Pre	nate Primary sident Other (s	General		
State: District: Full Name (Last First Mid	dle Initial)	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) B. Hawaiian Airlines				Date of Disbursement
G-350	paka Street			05 30 2014
City Honolulu	State HI	Zip Code 96819		Amount of Each Disbursement this Period
Purpose of Disbursement bagagge fee			002	10.00
Candidate Name			Category/ Type	Transaction ID : SB17.8030
l	A	General		
State: District:	de Initial)			
Full Name (Last, First, Middle Initial) C. HAWAII REPUBLICAN PARTY				Date of Disbursement
Mailing Address 725 Kapio			05 07 2014	
City HONOLULU		Code 5813		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign	Campaign 007			400.00
Candidate Name		Category/ Type	Transaction ID : SB17.8052	
Office Sought: Hou Sen Pres State: District:		General		
SUBTOTAL of Dishuman	This Dogo (anti			569.20
TOTAL This Period (last peer	This Page (optional)			्रीय का केंग्रस की द्वीर का क्षेत्रक सम्बद्ध

SCHEDULE B (FEC Form	•	Use separate solution for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 34 OF 11 (check only one)
Any information copied from such Repor for commercial purposes, other that	ports and Statements minusing the name and a	ay not be sold or address of any pol	used by any p	person for the purpose of soliciting contributions see to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
Cam Cavasso for U.S. S	Senate			
Full Name (Last, First, Middle Initial A. HAWAII REPUBLICAN I	•			Date of Disbursement
Mailing Address 725 Kapiolani Blvd	. #C-105			05 15 2014
City HONOLULU	State HI	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement office	Purpose of Disbursement			70.00
Candidate Name			001 Category/ Type	Transaction ID : SB17.8079
Office Sought: House Senate President	Disbursement For: Primary Other (s	General	<u> </u>	
State: District: Full Name (Last, First, Middle Initial)		· · · · · · · · · · · · · · · · · · ·		
Intuit, Inc)			Date of Disbursement
Mailing Address 2632 Marine Way				, 04 04 2014
City Mountain View	State CA	Zip Code 94043		Amount of Each Disbursement this Period
Purpose of Disbursement Acctg service		94043		
Candidate Name			001 Category/ Type	Transaction ID : SB17.8004
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General	7,50	
Full Name (Last, First, Middle Initial) Intuit, Inc				Date of Disbursement
Mailing Address 2632 Marine Way				мм рр у у 05 04 2014
City	State Zip	Code	77100	
Mountain View		043		Amount of Each Disbursement this Period
Purpose of Disbursement ACCTG			001	. ↓
Candidate Name			Category/ Type	Transaction ID : SB17.8019
Office Sought: House	Disbursement For:	ranna d	- · · · · · · · · · · · · · · · · · · ·	
Senate President State: District:	Primary Other (sp	General ecify)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 112 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	nay not be sold or used by any address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Intuit, Inc Mailing Address 2632 Marine Way		Date of Disbursement M D D V Y Y 06 04 2014
City State Mountain View CA	Zip Code 94043	Amount of Each Disbursement this Period
Purpose of Disbursement office Candidate Name	001 Category	Transaction ID: SB17.8032
Office Sought: House Senate President State: Disbursement For Primary Other (s	General	
State: District: Full Name (Last, First, Middle Initial) B. Island Air Mailing Address		Date of Disbursement
City State	Zip Code	06 18 2014 Amount of Each Disbursement this Period
Purpose of Disbursement hnl-kauai Candidate Name	002 Category, Type	174.00 Transaction ID : SB17.8091
Office Sought: House Senate Primary Other (s	General	
Full Name (Last, First, Middle Initial) C. Island Insurance Co. LTD.	Date of Disbursement	
Mailing Address PO Box 1520 City State Zi	p Code	⁴ 04 02 2014
Honolulu HI 9 Purpose of Disbursement Insurance for Campaign Van Candidate Name	001 Category	Amount of Each Disbursement this Period 1054.00 Transaction ID: SB17.7834
Office Sought: House Disbursement For	Type Type General	
SUBTOTAL of Disbursements This Page (optional)		1253.34
TOTAL This Period (last page this line number only)		_

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 112 (check only one) X 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a	its may not be sold or used by any and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. J. Michael Hughes Law Offices	1 111 111 1111	Date of Disbursement
Mailing Address 1138 Kainui Dr.		04 06 2014
City State Kailua HI	zip Code 96734	Amount of Each Disbursement this Period
Purpose of Disbursement Legal Services Candidate Name	001 Category/	Transaction ID : SB17.7838
State: District:	For: 2014	
Full Name (Last, First, Middle Initial) B. J. Michael Hughes Law Offices		Date of Disbursement
Mailing Address 1138 Kainui Dr.		М М В В У Y 05,072014
City State Kailua HI	- ,	Amount of Each Disbursement this Period
Purpose of Disbursement Legal services	96734	Table 10 - 0047 7047
Candidate Name	Category/ Type	110000000000000000000000000000000000000
Office Sought: House Disbursement		
Full Name (Last, First, Middle Initial) James Hauge dba James Virtual Toul	Date of Disbursement	
Mailing Address 92-925 Panana St.		04 06 2014
City State Kapolei Hi Purpose of Disbursement Computer / media	Zip Code 96707	Amount of Each Disbursement this Period 360.00
Candidate Name	Transaction ID : SB17.7853	
Office Sought: Senate President State: Disbursement Other O		
SUBTOTAL of Disbursements This Page (optional)		2060.00
TOTAL This Period (last page this line number only)		் நார் தோர் பதிரா இரு நகையும் பெற்ற இரு

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements in	Use separate schedule(s) for each category of the Detailed Summary Page may not be sold or used by an	FOR LINE NUMBER: PAGE 37 OF 112 (check only one) X 17
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	address of any political comm	ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. James Hauge dba James Virtual Tours Mailing Address 92-925 Panana St.	LLC.	Date of Disbursement M M D U Y Y Y Y 05 11 2014
City State Kapolei HI Purpose of Disbursement	Zip Code 96707	Amount of Each Disbursement this Period 500.00
Computer / Media Services Candidate Name	004 Categor Type	Transaction ID : SB17.7854
Office Sought: House Senate President State: Disbursement Format Other	or: 2014	
Full Name (Last, First, Middle Initial) B. Jorge Gurrola Mailing Address 1095 Lunaanela St.		Date of Disbursement MM D Y Y 04 08 2014
City State Kailua HI Purpose of Disbursement Web design sevices	Zip Code 96734 001	Amount of Each Disbursement this Period 1500.00 Transaction ID: SB17.7842
Candidate Name Office Sought: House Disbursement Formula Senate President Other State: District:		y/
Full Name (Last, First, Middle Initial) C. Jorge Gurrola		Date of Disbursement
Mailing Address 1095 Lunaanela St.	7.	06 10 2014
City State Z Kailua HI Purpose of Disbursement Web Consulting Candidate Name	Zip Code 96734 001 Categor Type	
Office Sought: House Senate President State: Disbursement Formar Other	or: 201	
SUBTOTAL of Disbursements This Page (optional)		3500.00
TOTAL This Period (last page this line number only)		

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SCHEDULE B (FEC FITEMIZED DISBURSE	•	Use separate sci for each categor Detailed Summal	nedule(s) y of the	FOR LINE NUMBER: PA	19a 19 20c 21	
Any information copied from such or for commercial purposes, other	Reports and Statements m	nay not be sold or	used by any p	erson for the nurnose of solici	ting contributions	
NAME OF COMMITTEE (In Full Cam Cavasso for U.S) S. Senate			to concil contributions from t	Sacri Committee.	
Full Name (Last, First, Middle I A. Kailua Chamber of C				Date of Disbursement		
Mailing Address PO Box 1496				05 27	2014	
City Kailua	State HI	Zip Code 96734		Amount of Each Disburse	ment this Period	
Purpose of Disbursement Parade fees Candidate Name			004	Transaction ID : SB17.7869	450.00	
Office Sought: House	Disbursement For:	2014	Category/ Type	_		
Senate Presider State: District:	nt Primary Other (sp	Geлeral pecify)				
State: District: Full Name (Last, First, Middle In	- 141 - B					
B. Ken Butcher	,			Date of Disbursement	Ϋ́Υ.	
Mailing Address 1312 Aheahe				06 10	2014	
Wahiawa	State HI	Zip Code 96786		Amount of Each Disburser	nent this Period	
Purpose of Disbursement IT Security			001	, Transaction ID : SB17.7871	1000.00	
Candidate Name	· · · · · ·		Category/ Type	(Valisaction 15 . 3517.167)		
Office Sought: House Senate Presiden	Disbursement For: Primary Other (sp	General	· · · · · · · · · · · · · · · · · · ·			
State: District:						
Full Name (Last, First, Middle In c. Loving Eyes Production	•			Date of Disbursement		
Mailing Address 1546 Pensacola	a St			- м м р р 04 01	y y 2014	
City Honolulu		Code 822		Amount of Each Disburser	ment this Period	
Purpose of Disbursement Video production			004	*		
Candidate Name			Category/ Type	Transaction ID : SB17,7798		
Office Sought: House Senate President	Disbursement For: Primary Other (sp	General				
State: District:		31				
SUBTOTAL of Disbursements This	Dane (antional)		<u>.</u>		2450.00	

TOTAL This Period (last page this line number only).....

	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		ry Page	X 17 18 19a 19 20a 20b 20c 21
Any information copied from su or for commercial purposes, of	ch Reports and Statements m	ay not be sold or	used by any pe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In F	Full)			
Full Name (Last, First, Middl A. Loving Eyes Produce	•			Date of Disbursement
Mailing Address 1546 Pensa	acola St			04 08 2014
City Honolulu	State HI	Zip Code 96822		Amount of Each Disbursement this Period
Purpose of Disbursement Photo /video services			004	1250.00 Transaction ID : SB17.7840
Candidate Name			Category/ Type	
Office Sought: Hous Senar President	te Primary	General		
State: District: Full Name (Last, First, Middle	e Initial)			
B. Loving Eyes Produc				Date of Disbursement
Mailing Address 1546 Pensa	acola St			M M D D Y Y 05 11 2014
City	State	Zip Code		Amount of Each Disbursement this Period
Honolulu Purpose of Disbursement Media services	HI	96822	004	300.00
Candidate Name			Category/ Type	Transaction ID : SB17.7866
Office Sought: House Senat Presid State: District:	e Primary	General		
State: District: Full Name (Last, First, Middle			· · · · · · · · · · · · · · · · · · ·	
Loving Eyes Produc	•			Date of Disbursement
Mailing Address 1546 Pensa	cola St			06 25 2014
City Honolulu	· ·	Code		Amount of Each Disbursement this Period
Purpose of Disbursement Video/ Media	HI 96822 sement		004	1000.00
Candidate Name			Category/ Type	Transaction ID : SB17.7872
Office Sought: House Senat Presic State: District:	e Primary	General		
	This Page (optional)	·····	· · · · · · · · · · · · · · · · · · ·	2550.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 40 OF 112 (check only one)
	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by an address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full)		<i>)</i>
Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. Tim Lussier		
A. I'M Lussier		Date of Disbursement
Mailing Address 1234 Alexander St #201		04 09 2014
City State	Zip Code	Amount of Each Disbursement this Period
Honolulu HI Purpose of Disbursement	96826	1000.00
Campaign Consultany	003	1000.00
Candidate Name	Categor	Transaction ID : SB17.7880
Office Sought: House Disbursement For:	Туре	
Senate Segrit.	General	
President Other (sp	L	
State: District: Full Name (Last, First, Middle Initial)		
Mailchimp		D-14 44 D' 1
		Date of Disbursement
Mailing Address 512 Means Street		м м о о у у 04 01 2014
Suite 404 City State	Zip Code	
Atlanta GA	30318	Amount of Each Disbursement this Period
Purpose of Disbursement re:computer	1	50.00
Candidate Name	الموادق الموا	Transaction ID : SB17.8038
	Category Type	' [']
Office Sought: House Disbursement For:	pomen	
Senate Primary President Other (sp	General	
State: District: .	echy)	
Full Name (Last, First, Middle Initial)		
: Mailchimp		Date of Disbursement
Mailing Address 512 Means Street		M M D D Y Y
Suite 404		04 30 2014
A.10 .	Code	Amount of Each Disbursement this Period
Purpose of Disbursement	318	50.00
re:computer	001	5 m 5
Candidate Name	Category Type	Transaction ID : SB17.8048
Office Sought: House Disbursement For: Senate Primary	, manuary	
President Other (sp	ecify) General	
State: District:		
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SUBTOTAL of Disbursements This Page (optional)		1100.00
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the beat was the trainings only		သီးနေ ကြို့မှာ သိများနှင့်များသည်။ မောင်းသည်။ မောင်းသည်။

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate s for each catego Detailed Summ	ory of the	FOR LINE NUMBER: PAGE 41 OF 1 (check only one) X 17
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may not be sold o and address of any po	r used by any plitical committ	person for the purpose of soliciting contribution ee to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
	Full Name A - A Flora Astron. 1 No. 0			
•	Full Name (Last, First, Middle Initial) Mailchimp			Date of Disbursement
	Mailing Address 512 Means Street Suite 404	, ,,,,,		05 30 2014
	City Sta Atlanta GA			Amount of Each Disbursement this Period
	Purpose of Disbursement re:computer		001	50.00 Transaction ID : SB17.8054
	Candidate Name		Category/ Type	
	Senate Pri	nt For: 2014 imary General her (specify)		
_	State: District:			
	Full Name (Last, First, Middle Initial) Christopher DF Mellen			Date of Disbursement
	Mailing Address 281 N Vineyard VIvd #105	04 13 2014		
	City Sta' Honolulu HI	—F		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursment for Office supplies / Partial Pmt.		001	400.00
	Candidate Name		Category/ Type	Transaction ID : SB17.7881
	Senate Pri President Ott	nt For: 2014 imary General her (specify)		
	State: District:			
	Full Name (Last, First, Middle Initial) Micheal Hughes Jr.			Date of Disbursement
	Mailing Address 1138 Kainui Dr.			— M M / Po − p
	City State	Zip Code		
	Kailua HI Purpose of Disbursement	96734	· ·	Amount of Each Disbursement this Period 400.00
	Reimbursement Canon Camera Candidate Name	17 Et	001 Category/	Transaction ID : SB17.7833
		nt For: 2014 mary General ner (specify)	Туре	
	State: District:			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedul for each category of t Detailed Summary Page	e(s) (he	FOR LINE NUMB (check only one) X 17 20a	18 PAC	19a 19b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	may not be sold or used address of any political a	by any p committee	erson for the pur a to solicit contrit	pose of soliciti outions from s	ng contributions uch committee.
Full Name (Last, First, Middle Initial) A. Micheal Hughes Jr.			Date of Dist	oursement	
Mailing Address 1138 Kainui Dr.	,		м м 04	06	у ү 2014
City State Kailua HI	Zip Code 96734		Amount of E		nent this Period
Purpose of Disbursement Legal Assistance Candidate Name	i san	001 ategory/ Type	Transaction II		300.00
Office Sought: House Senate President State: Disbursement Formar Other			-		
Full Name (Last, First, Middle Initial) B. Micheal Hughes Jr.			Date of Dist		
Mailing Address 1138 Kainui Dr.			05 05	12 12	, 2014
City State Kailua HI	Zip Code 96734		Amount of E	ach Disbursen	nent this Period
Purpose of Disbursement Research Assistance Candidate Name	2-	001	, Transaction II		135.00
Office Sought: House Disbursement Fo	pr: 2014	ategory/ Type	_		
Full Name (Last, First, Middle Initial) C. Reskyu			Date of Disb		
Mailing Address 756 Bannister St.			- " M M · 04	07	2014
	Zip Code 96819		·		nent this Period
Candidate Name	}	006 ategory/ Type	Transaction ID		•
Office Sought: House Disbursement Formation					
SUBTOTAL of Disbursements This Page (optional)			* · · ·	i i i	1435.00
TOTAL This Period (last page this line number only)		,	. ,		•

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary P	ule(s) the age	FOR LINE NUMBER: PAGE 43 OF 112 (check only one) X 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
Full Name (Last, First, Middle Initial) A. Reskyu Mailing Address 756 Bannister St.			Date of Disbursement Output V V V Output 14 2014
City State Honolulu HI Purpose of Disbursement Printing / Signs and Banners	Zip Code 96819	006	Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.7849
Candidate Name Office Sought: House Disbursement For: Senate President Other (s	: 2014 General	Category/ Type	Transaction ID : 5B17.7849
Full Name (Last, First, Middle Initial) B. Reskyu Mailing Address 756 Barnister St.			Date of Disbursement M M D D Y Y 05 07 2014
City State Honolulu HI Purpose of Disbursement Printing / Bumper Stickers Candidate Name	Zip Code 96819	006 Category/ Type	Amount of Each Disbursement this Period 1035.08 Transaction ID: SB17.7850
Office Sought: House Senate President Disbursement For: Primary Other (s	General		
Full Name (Last, First, Middle Initial) C. Reskyu Mailing Address 756 Bannister St.			Date of Disbursement M M S D Y Y 05 23 2014
City State Zip Code Honolulu HI 96819 Purpose of Disbursement Signs and Banners 0006			Amount of Each Disbursement this Period 2662.82
Candidate Name Office Sought: House Disbursement Form Senate Primary President Other (specification)	: 2014 General	Category/ Type	Transaction ID : SB17.7890
SUBTOTAL of Disbursements This Page (optional)			4197.90

SCHEDULE B (FEC Form 3)		Use separate schedule(s) (FOR LINE NUMBER: PAGE 44 OF 11 (check only one)	
_	EMIZED DISBURSEMENT		for each catego Detailed Summi	ry of the ary Page	X 17 18 19a 19b 20a 20b 20c 21
A O	ny information copied from such Report r for commercial purposes, other than un NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Ser	sing the name and a	ay not be sold or address of any po	used by any plitical committe	person for the purpose of soliciting contributions are to solicit contributions from such committee.
\angle					
A.	Full Name (Last, First, Middle Initial) Sandra Lee Ahn				Date of Disbursement
	Mailing Address PO Box 5042				05 28 2014
	City Kaneohe	State HI	Zip Code 96744		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbusment Vista Phone			001	153.20 Transaction ID : SB17.7860
	Candidate Name			Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary Other (sp	General		
_	State: District: Full Name (Last, First, Middle Initial)				
В.	Condro Loo Aba				Date of Disbursement
	Mailing Address PO Box 5042				M M D D Y Y Y 05 29 2014
	City Kaneohe	State HI	Zip Code 96744		Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbersment ring Central set-up Candidate Name			001	101.95 Transaction ID : SB17.7861
	Office Sought: House	Disbursement For:	2014	Category/ Type	
	Senate President State: District:	Primary Other (sp	General ecify)		
	Full Name (Last, First, Middle Initial)				
	Successful Solutions				Date of Disbursement
	Mailing Address PO Box 5042				— м*м эгр үү 05 <u>11, 2014</u>
	City Kaneohe		Code 744		Amount of Each Disbursement this Period
	Purpose of Disbursement Printing and Accounting Services Candidate Name			001 Category/ Type	321.54 Transaction ID : SB17.7851
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spe	2014 General ecify)		
e)	IRTOTAL of Dishuraments This D				576.69
	JBTOTAL of Disbursements This Page (DTAL This Period (last page this line nur				\$10.09 ***:

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only one)	719b
	Detailed Summar	y Page	20a 20b 20c	21
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and				
NAME OF COMMITTEE (In Full)				
Cam Cavasso for U.S. Senate				
Full Name (Last, First, Middle Initial)			Date of Dishuranes	
A. Successful Solutions			Date of Disbursement But Mark Disbursement	
Mailing Address PO Box 5042			05 21 2014	
City State	Zip Code		Amount of Each Disbursement this Per	iod
Kaneohe HI Purpose of Disbursement	96744		300.00	
Printing and Accounting services		001	Transaction ID : SB17.7856	
Candidate Name		Category/	Transaction ID: 3517.7050	
Office County	- 2014	Туре		
Office Sought: House Disbursement For Senate Primary				
President Other (s	L			
State: District:				
Full Name (Last, First, Middle Initial) Successful Solutions				
3. Successial Solutions			Date of Disbursement	
Mailing Address PO Box 5042	,		M M D D Y Y Y	
City State	Zip Code		Amount of Each Disbursement this Per	iod
Kaneohe HI	96744		the second secon	
Purpose of Disbursement Printing and copies	j	001	391.13	,
Candidate Name		Category/ Type	Transaction ID : SB17.7862	
Office Sought: House Disbursement For	··			
Senate Primary President Other (s	L			
President Other (s	specify)			
Full Name (Last, First, Middle Initial)				
Successful Solutions			Date of Disbursement	
Mailing Address PO Box 5042			M M / JD D Y Y	
——————————————————————————————————————			06 02 2014	
	p Code		Amount of Each Disbursement this Per	iod
Kaneohe HI 9 Purpose of Disbursement	6744		963.43	
Printing and Accounting services		001	- 9 :	
Candidate Name		Category/ Type	Transaction ID : SB17.7857	
Office Sought: House Disbursement For		,		
Senate Primary President Other (s	L!			
State: District:	poury)			
			The state of the second of the	; - 1
SUBTOTAL of Disbursements This Page (optional)			1654.56 - \$\frac{1}{2} \frac{1}{2}	
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State Disbursement Disbursemen	SCHEDULE B (FEC Form 3)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 46 OF 112
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) A. The Plaza Club Mailing Address 900 Forn St. Mail #2000 City City State Distorter Purpose of Disbursement Meeting room rental Office Sought: Distorter Prosident State Distorter	•			
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) A. The Plaza Club Mailing Address 900 Fort St. Mail #2000 City State Zip Code Honolulu HI 98813 Purpose of Disbursement Meeting room rental Candidate Name Office Sought: House Senate Phones San Diego Mailing Address City State Zip Code Purpose of Disbursement For: 2014 State: Disbursement For: 2014 Purpose of Disbursement For: 2014 State: District Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Senate Formany General Prevaidant State: District Full Name (Last, First, Middle Initial) Mailing Address 1148 Wilder Ave, #11 City State Zip Code Hi 98822 Purpose of Disbursement For: 2014 Mailing Address 1148 Wilder Ave, #11 City State Zip Code Hi 98822 Purpose of Disbursement For: 2014 Mailing Address 1148 Wilder Ave, #11 City State Zip Code Hi 98822 Purpose of Disbursement For: 2014 Purpose of Disbursement For: 2014 Mailing Address 1148 Wilder Ave, #11 City State Zip Code Hi 98822 Purpose of Disbursement For: 2014 Purpose of Disbursement	TEMPLE BIODOMOLIVETTO			
NAME OF COMMITTEE (in Full) Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) A. The Plaza Club Mailing Address 900 Fort St. Mail #2000 City Honolulu Hi 98813 Purpose of Disbursement Meeting room rental Oarddate Name District: Full Name (Last, First, Middle Initial) B. Tickermaster Phones San Diego City State Zip Code House Purpose of Disbursement District: Full Name (Last, First, Middle Initial) City Office Sought: House Senate President Disbursement For: 2014 Amount of Each Disbursement this Period Date of Disbursement District: Full Name (Last, First, Middle Initial) City Office Sought: House Senate President Disbursement For: 2014 Purpose of Disbursement Priones Ooi Category/ Type Disbursement Disbursement For: 2014 President Disbursement For: 2014 Purpose of Disbursement Priones Ooi Category/ Type Office Sought: House Disbursement For: 2014 President Disbursement For: 2014 Amount of Each Disbursement his Period 434.80 Transaction ID: SB17.8071 Date of Disbursement Transaction ID: SB17.8071 Date of Disbursement Disbursement For: 2014 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014 Amount of Each Disbursement For: 2014 Category/ Type Office Sought: House Disbursement Orther (specify) Office Sought: Purpose of Disbursement Consulting Primary General Disbursement Office Sought: Senate Primary General Disbursement For: 2014 Amount of Each Disbursement Transaction ID: SB17.8071 Transaction ID: SB17.8073	Any information copied from such Reports and Statements m	ay not be sold or i	used by any	person for the purpose of soliciting contributions
Cam Cavasso for U.S. Senate Full Name (Last, First, Middle Initial) A. The Plaza Club Mailing Address 900 Fort St. Mail #2000 City Honolulu Hi 98813 Purpose of Disbursement Meeting or normal Category/ Type Office Sought: House President State Zip Code Purpose of Disbursement For: 2014 Purpose of Disbursement For: 2014 State: Zip Code Purpose of Disbursement For: 2014 City State Zip Code Hi 98822 Purpose of Disbursement For: 2014 Purpose of Disbursement For		address of any poli	tical committe	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
A. The Plaza Club Mailing Address 900 Fort St. Mall #2000 City State Zip Code Honolulu Hil 98813 Purpose of Disbursement Meeting room rental Candidate Name Office Sought: President Senate President Disbursement For: 2014 City State: District: District Full Name (Last, First, Middle Initial) Candidate Name Office Sought: President Disbursement For: 2014 City State Zip Code Amount of Each Disbursement this Period Category Type Date of Disbursement Disbursement Priod Office Sought: Primary General Disbursement Initial Priod Office Sought: President Disbursement Disbursement Disbursement Priod Office Sought: President Disbursement Priod Office Sought: President Disbursement For: 2014 State: District: Pull Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address 1148 Wilder Ave. #11 City State Zip Code Amount of Each Disbursement Disbursement For: 2014 Purpose of Disbursement District: District: Pull Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address 1148 Wilder Ave. #11 City State Zip Code Amount of Each Disbursement Disbursement Category Type Office Sought: Priod Office Sought: President Disbursement For: 2014 Subtrotal of Disbursement Tips Page (octions)				
Mailing Address 900 Fort St. Mail #2000 City				Data of Dichuranment
Mailing Address 900 Fort St. Mail #2000 City State Zip Code Hill 96813 Amount of Each Disbursement this Period 126.96 Transaction ID : SB17.7877 Amount of Each Disbursement this Period 126.96 Transaction ID : SB17.7877 Transaction ID : SB17.7877 Transaction ID : SB17.7877 Amount of Each Disbursement this Period 126.96 Transaction ID : SB17.7877 Transaction ID : SB17.7871 Transaction ID : SB17.7873	A. The Flaza Club			
Honolulu Hi 98813 Purpose of Disbursement Meeling room rental Office Sought: House Senate President Other (specify) State: Disbursement For: 2014 Full Name (Last, First, Middle Initial) Ticketmaster Phones San Diego Mailing Address City State Zip Code Purpose of Disbursement phones Candidate Name Category/ Office Sought: House Senate Disbursement For: 2014 Purpose of Disbursement phones Candidate Name Office Sought: House Senate Disbursement For: 2014 State: Disbursement Disbursement For: 2014 Full Name (Last, First, Middle Initial) Consulting Address 1148 Wilder Ave. #11 City State Zip Code Amount of Each Disbursement this Period Transaction ID : SB17.8071 Transaction ID : SB17.8071 Amount of Each Disbursement This Period Transaction ID : SB17.8071 Transaction ID : SB17.8071 Transaction ID : SB17.8071 Amount of Each Disbursement This Period Transaction ID : SB17.8071 Transaction ID : SB17.8071 Transaction ID : SB17.873	Mailing Address 900 Fort St. Mall #2000			· · ·
Purpose of Disbursement Mesting room rental 126.96 Candidate Name	•	Zip Code		Amount of Each Disbursement this Period
Cardidate Name		96813	*****	126.06
Cardidate Name Office Sought: House Senate President State: District: Distr	Meeting room rental	ļ	001	,
State: President Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Primary Other (specify) Office Sought: House Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address 1148 Wilder Ave. #11 City State Zip Code Amount of Each Disbursement Primary Other (specify) Date of Disbursement M. M. J. D. V. Other (specify) Date of Disbursement M. M. J. D. V. Other (specify) Amount of Each Disbursement this Period Amount of Each Disbursement this Period Other (specify) Transaction ID: SB17.7873 Transaction ID: SB17.7873	Candidate Name			(ransaction ID : 581/./8//
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Purpose of Disbursement Category/ Type Office Sought: House Senate President District: Full Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address Interpose of Disbursement Mailing Address Interpose of Disbursement City State: District: Full Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address Interpose of Disbursement Consulting Services Candidate Name Office Sought: House Disbursement For: 2014 Purpose of Disbursement Consulting Services Candidate Name Office Sought: House Disbursement For: 2014 Primary Office Sought: Office Sought: House Senate President Primary Office Sought: Office Sought: Disbursement For: 2014 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Tansaction ID: SB17.7873 Transaction ID: SB17.7873				
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Office Sought:	Candidate Name			Transaction ID : \$B17.8071
State: District: Full Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address 1148 Wilder Ave. #11 City State Zip Code Honolulu HI 96822 Purpose of Disbursement Consulting Services Candidate Name Category/ Type Office Sought: House Senate President State: District: State: District: Other (specify) State: District: This Page (optional)		2014		_
State: District: Full Name (Last, First, Middle Initial) C. Vincent L. Anderson Consulting Mailing Address 1148 Wilder Ave. #11 City State Zip Code Honolulu HI 96822 Purpose of Disbursement Consulting Services Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)				
Mailing Address 1148 Wilder Ave. #11 City State Zip Code Honolulu HI 96822 Purpose of Disbursement Consulting Services Candidate Name Office Sought: House Senate President Senate Disbursement For: 2014 State: District: Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB17.7873 1347.76		beeny)		
Mailing Address 1148 Wilder Ave. #11 City State Zip Code Honolulu HI 96822 Purpose of Disbursement Consulting Services Candidate Name Category/ Type Office Sought: House Senate President State: District: Disbursement For: 2014 State: District: Amount of Each Disbursement this Period Transaction ID: SB17.7873	,			
City State Zip Code Honolulu HI 96822 Purpose of Disbursement Consulting Services 001 Candidate Name Category/ Type Office Sought: House Senate President State: District: District: 1347.76 SUBTOTAL of Disbursements This Page (optional)	c. Vincent L. Anderson Consulting			Date of Disbursement
Honolulu HI 96822 Purpose of Disbursement Consulting Services 001 Candidate Name Category/ Type Transaction ID : SB17.7873 Office Sought: House Senate Primary General Other (specify) State: District: 1347.76	Mailing Address 1148 Wilder Ave. #11			
Purpose of Disbursement Consulting Services Office Sought: House Senate Primary General State: District: Primary General State: District: 1347.76		Code		Amount of Each Disbursement this Period
Consulting Services Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Category/ Type Transaction ID : SB17.7873 Transaction ID : SB17.7873	1	5822		
Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) State: District: 1347.76	Consulting Services		001	
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name			Transaction ID : SB17.7873
SUBTOTAL of Dishursements This Page (optional) 1347.76	······································			
State: District: SUBTOTAL of Disbursements This Page (optional) 1347.76		L		
SUBTUIAL OF DISOURSEMENTS TOIS Page (Optional)				
	SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)		<u></u>		:

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS Any information copied from such Reports and Statements in	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF 112 (check only one) X 17
or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) Nebconnex		Date of Disbursement
Mailing Address 455 Capitol Mall Suite 325		04 16 2014
City State Sacramento CA	Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Service charge Candidate Name	. 00	Transaction ID: SB17.7896
Office Sought: House Disbursement Fo	f	
Full Name (Last, First, Middle Initial) Webconnex		Date of Disbursement
Mailing Address 455 Capitol Mall Suite 325		D5 15 2014
City State Sacramento CA	Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Service Charges Candidate Name	00 Categ	Transaction ID : SB17.7891
Office Sought: House Disbursement For Senate President Other (or: 2014	
Full Name (Last, First, Middle Initial) . Webconnex		Date of Disbursement
Mailing Address 455 Capitol Mall Suite 325		06 17 2014
Sacramento CA Purpose of Disbursement	Zip Code 95814	Amount of Each Disbursement this Period 59.00
CC Processing fees Candidate Name	00 Categ	1 ransaction ID : SB17.7883
Office Sought: House Disbursement For Senate President Other (pr: 2014	
SUBTOTAL of Disbursements This Page (optional)		, ,
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 OF 112 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19l 19l 20a 20b 20c 21
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	ay not be sold or used by a	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. William McClary		Date of Disbursement
Mailing Address 45-319 Kahiko St.		05 31 2014
City State Kaneohe HI	Zip Code 96744	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Expenses Candidate Name	007	The second state of the country of t
	Catego Type	
Office Sought: House Disbursement For: Senate President Other (sp. sp. sp. sp. sp. sp. sp. sp. sp. sp.	General	
Full Name (Last, First, Middle Initial) B. William McClary		Date of Disbursement
Mailing Address 45-319 Kahiko St.		M M D D Y Y Y 06 06 2014
City State Kaneohe HI	Zip Code 96744	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign Consultation Candidate Name	001	1000.00 Transaction ID : SB17.7878
	Catego Type	
Office Sought: House Disbursement For: Senate Primary President Other (sp.) State: District:	General	
Full Name (Last, First, Middle Initial)		
C.		Date of Disbursement
Mailing Address		
	Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Catego	ry/
Office Sought: House Disbursement For: Senate Primary President Other (sp	Type General	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)	 	

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 X 19a 20a 20b 20c
Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	ay not be sold or used by ar address of any political comm	y person for the purpose of soliciting contribution
Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) Campbell Cavasso Mailing Address P.O. Box 44		Date of Disbursement
		04 03 2014
City State Waimanalo HI	Zip Code 96795	Amount of Each Disbursement this Period
Purpose of Disbursement loan repayment Candidate Name	009 Categor	3000.00 Transaction ID : SB19A.7986
Office Sought: House Senate President State: HI District: Disbursement For: Primary Other (sp	Type 2010 General	
Full Name (Last, First, Middle Initial) Campbell Cavasso		Date of Disbursement
Mailing Address P.O. Box 44		04 08 2014
City State Waimanalo HI Purpose of Disbursement	Zip Code 96795	Amount of Each Disbursement this Period 5000.00
Loan Payment Candidate Name	009 Categor Type	, , , Transaction ID : SB19A.7984
Office Sought: House Disbursement For: Senate Primary President Other (sp.	2010 General	
Full Name (Last, First, Middle Initial) Campbell Cavasso		Date of Disbursement
Mailing Address P.O. Box 44	****	м м р р у у 04 21 2014
Waimanalo HI 96	Code 1795	Amount of Each Disbursement this Period
Purpose of Disbursement Citicards	009	7398.01
Candidate Name	Categor Type	
Office Sought: House Senate Primary President Other (sp.	General	
SUBTOTAL of Disbursements This Page (optional)		15398.01

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 50 OF 112 (check only one)
A o	ny information copied from such Reports and Statements m r for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	lay not be sold or	used by any	20a 20b 20c 21 person for the purpose of soliciting contributions as to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Campbell Cavasso			Date of Disbursement
	Mailing Address P.O. Box 44			04 22 2014
	City State Waimanalo HI	Zip Code 96795		Amount of Each Disbursement this Period
	Purpose of Disbursement loan repayment Candidate Name		009 Category/ Type	4000.00 Transaction ID : SB19A.7987
	Office Sought: House Senate President State: HI District: Disbursement For: Primary Other (sp	X General	туре	
В.	Full Name (Last, First, Middle Initial) Campbell Cavasso-2104 Mailing Address 41-530 Waikupanaha Street			Date of Disbursement
	City State	Zip Code		04 21 2014
	Waimanalo HI Purpose of Disbursement	96795	<u>.</u>	Amount of Each Disbursement this Period
	Candidate Name		009 Category/ Type	Transaction ID : SB19A.8102
	Office Sought: House Disbursement For:	X General		
c.	Full Name (Last, First, Middle Initial) Campbell Cavasso-2104			Date of Disbursement
	Mailing Address 41-530 Waikupanaha Street			м м о в у у 05 20 2014
	Waimanalo Hi 96	Code 795		Amount of Each Disbursement this Period
	Purpose of Disbursement loan pmt. Candidate Name		009 Category/ Type	175.00 Transaction ID : SB19A.8103
	Office Sought: House Disbursement For:	X General		
SI	JBTOTAL of Disbursements This Page (optional)		***************************************	4350.00
т	OTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form ITEMIZED DISBURSEMEN	· ·	Use separate so for each catego Detailed Summa	y of the	FOR LINE NUMBER: PAGE 51 OF 112 (check only one) 17
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Se	using the name and a	ay not be sold or address of any po	used by any itical committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Campbell Cavasso-2104 Mailing Address 41-530 Waikupanaha	Street			Date of Disbursement M M U D Y Y Y Y 06 18 2014
City Waimanalo Purpose of Disbursement loan pmt	State HI	Zip Code 96795	009	The survey becomes a second of the second o
Office Sought: House Senate President	Disbursement For	X General	Category/ Type	Transaction ID : SB19A.8104
State: District: Full Name (Last, First, Middle Initial) Campbell Cavasso-2444 Mailing Address 41-530 Waikupanaha	Street			Date of Disbursement M M D D Y Y 04 21 2014
City Waimanalo Purpose of Disbursement loan pmt Candidate Name	State HI	Zip Code 96795	009 Category/ Type	Amount of Each Disbursement this Period 513.00 Transaction ID : SB19A.8106
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	General		
Full Name (Last, First, Middle Initial) Campbell Cavasso-2444				Date of Disbursement
Mailing Address 41-530 Waikupanaha City		Code		05 20 2014
Waimanalo Purpose of Disbursement loan pmt Candidate Name		7795	009 Category/ Type	Amount of Each Disbursement this Period 513.00 Transaction ID : SB19A.8107
Office Sought: House Senate President State: District:	Disbursement For: Primary Other (sp	X General	iype	
SUBTOTAL of Disbursements This Page TOTAL This Period (last page this line pu				1201.00

S	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 52 OF 112
	EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	ry of the	(check only one) 17
A 0	ny information copied from such Reports and Statements my for commercial purposes, other than using the name and a	ay not be sold or	used by any	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate			
Δ	Full Name (Last, First, Middle Initial) Campbell Cavasso-2444		····	Date of Disbursement
,,,	Mailing Address 41-530 Waikupanaha Street			м м b р у у . 06 18 2014
	City State Waimanalo HI	Zip Code 96795		Amount of Each Disbursement this Period
	Purpose of Disbursement loan pmt		009	513.00 Transaction ID : SB19A.8109
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For: Senate President Other (s	X General		
_	State: District: Full Name (Last, First, Middle Initial)			
В.	Campbell Cavasso-2911			Date of Disbursement
	Mailing Address 41-530 Waikupanaha Street			M M D D Y Y Y 04 21 2014
	City State Waimanalo HI	Zip Code 96795		Amount of Each Disbursement this Period
	Purpose of Disbursement loan pmt		009	56.00
	Candidate Name		Category/ Type	Transaction ID : SB19A,8099
	Office Sought: House Disbursement For: Senate Primary President Other (sp.	(X) General		
_	Full Name (Last, First, Middle Initial)			
C.	Campbell Cavasso-2911			Date of Disbursement
	Mailing Address 41-530 Waikupanaha Street	,	·-	05 20 2014
	Take 1	Code 6795		Amount of Each Disbursement this Period
	Purpose of Disbursement loan pmt	1793	000	56.00
	Candidate Name		009 Category/ Type	Transaction ID : SB19A.8100
	Office Sought: House Senate Primary President Other (sp.	X General		
s	UBTOTAL of Disbursements This Page (optional)	***************************************		625.00
T	OTAL This Period (last page this line number only)		******	

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		FOR LINE NUMBER: PAGE 53 OF 11
SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 OF 11 (check only one) 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by a address of any political comr	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. Campbell Cavasso-2911		Date of Disbursement
Mailing Address 41-530 Waikupanaha Street		06 18 2014
City State Waimanalo HI	Zip Code 96795	Amount of Each Disbursement this Period
Purpose of Disbursement loan pmt Candidate Name	009 Catego	Transaction ID : SB19A.8101
State: District:	Type	
B. Campbell Cavasso-3240 Mailing Address 41-530 Walkupanaha Street		Date of Disbursement M M D D Y Y 04 14 2014
City State Waimanalo Hi	Zip Code 96795	Amount of Each Disbursement this Period
Purpose of Disbursement CC Payment Candidate Name	009	3527.97 Transaction ID : SB19A.8094
Office Sought: House Disbursement Fo	Catego Type	•
Senate Primary President Other (state:	1 1	
Full Name (Last, First, Middle Initial)		
c. Campbell Cavasso-4528		Date of Disbursement
Mailing Address 41-530 Waikupanaha Street		04 28 2014
Waimanalo HI 9	ip Code 96795	Amount of Each Disbursement this Period
Purpose of Disbursement loan payment	-	650.00

Candidate Name

Office Sought:

State:

House

Senate

District:

President

Disbursement For: 2010

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary

Other (specify)

X General

50° 0 0 0 0 0 0

Transaction ID : SB19A.8097

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009

Category/ Type

4233.97

	ch category of the ed Summary Page	(check only one) 17 18 X 19a 19b
	, ,	20a 20b 20c 21
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and address	pe sold or used by any pof any political committed	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		
Full Name (Last, First, Middle Initial) A. Campbell Cavasso-4528		Date of Disbursement
dimpoen davasso-4520		M M D D V Y Y Y
Mailing Address 41-530 Waikupanaha Street		05 27 2014
	Code 795	Amount of Each Disbursement this Period
Purpose of Disbursement loan Payment	009	650.00
Candidate Name	Category/ Type	Transaction ID : SB19A.8096
President Other (specify	General	
State: District: Full Name (Last, First, Middle Initial)		
B. Campbell Cavasso-9003		Date of Disbursement
Mailing Address 41-530 Waikupanaha Street		M M D D Y Y Y 2014
MALE I I I I I I I I I I I I I I I I I I I	Code	Amount of Each Disbursement this Period
Purpose of Disbursement	95	1697.15
loan pmt Candidate Name	009 Category/ Type	Transaction ID : SB19A.8121
Office Sought: Senate President State: Disbursement For: 201 Primary Other (specify)	General	
Full Name (Last, First, Middle Initial) Campbell Cavasso-9003	- di	Date of Disbursement
Mailing Address 41-530 Waikupanaha Street		04 22 2014
City State Zip Code Waimanalo HI 95755		Amount of Each Disbursement this Period
Waimanalo HI 96795 Purpose of Disbursement loan pmt	009	360.52
Candidate Name	Category/	Transaction ID: SB19A.8119
Office Sought: House Disbursement For: 201. Senate President Other (specify) State: District:	General	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		2707.67 , , , , , , , , , , , , , , , , , , ,

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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PAGE 55 OF 112

57.1110	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.6977
Cam Cavasso for U.S. Senate	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2010
Campbell Cavasso	Primary X General
Mailing Address P.O. Box 44	Other (specify) ▼
City State ZI	P Code
Waimanalo HI 96	6795
Original Amount of Loan Cumulative Payme	nt To Date Balance Outstanding at Close of This Pe
1989.95	1611.72 378.23
TERMS Data Incurred Data	Due Interest Pate
Date incurred Date	Due Interest Rate Secured: 12/31/16 0.00 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	163
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Service Control of Servic
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	378.23
OTALS This Period (last page in this line only)	►
carry outstanding balance only to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summar

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 56

13a

Charles Co.
[PERSONAL FUNDS] Election: 2010 Primary General
Other (specify) ▼
ZIP Code
96795
ment To Date Balance Outstanding at Close of This P
0.00 1500.00
ate Due Interest Rate Secured: 12/31/2016 0.00 % (apr)
163
Name of Employer
Occupation
Amount Guaranteed Outstanding: 3
Name of Employer
Occupation
Amount
Guaranteed Outstanding:
Name of Employer
Occupation
Amount Guaranteed Outstanding:
Name of Employer
Occupation
Amount
Guaranteed Outstanding:
. 1500.00
a

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 57

13a

	Detailed Summary Page 13b
AME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID : SC/10.7004
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2010 Primary
Campbell Cavasso Mailing Address	General
P.O. Box 44	Other (specify) ▼
City State Waimanalo HI	ZIP Code 96795
್ವಾರ್ ಇದ್ದ ಎಂದು ರಾಜಕಾಗಿ ಎಂದು ಬಾಟು ಕಾಣ್ಯಾಮಾನ್ಯ ಅಷ್ಟು ಸಾಧ್ಯ ಸಾಧ್ಯ ಸಮ್ಮ ಸಮ್ಮ ಸಮ್ಮ ಸಮ್ಮ ಸಮ್ಮ ಸಮ್ಮ ಸಮ್ಮ ಸಮ	Payment To Date Balance Outstanding at Close of This Period 0.00 1200.00
Date Incurred M11 007 2011	Date Due Interest Rate Secured: 12/31/2016 0.00 % (apr)
List All Endorsers or Guarantors (if any) to Loan Sour	Yes No
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 5 1
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	1200.00
OTALS This Period (last page in this line only)	this line. If no Schedule D. carry forward to appropriate line of Summany

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Use separate schedule(s) for each category of the Detailed Summary Page

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PAGE 58

13a

		Detailed Summary	Page		13
ME OF COMMITTEE (In Full) am Cavasso for U.S. Senate		Trai	nsaction I	D : SC/10.70	005
LOAN SOURCE Full Name (Last, First,	Middle Initial)				
Campbell Cavasso	widdle initial)	[PERSONAL FUND:		Primary)
Mailing Address P.O. Box 44				General Other (spec	ify) ▼
City	State ZIF	² Code			
Waimanalo	Ні 96	795			
Original Amount of Loan	Cumulative Paymer	nt To Date	Balance C	Outstanding	at Close of This Per
1000.00	y .	0.00		,	1000.00
TERMS Date Incurred	Date (Due Interest	Bate		Secured:
^M 12 ^M	and the second of the second o	12/31/16	0.00	% (apr)	
List All Endorsers or Guarantors (if any	r) to Loan Source				Yes
1. Full Name (Last, First, Middle Initial)		Name of Employer	-		
Mailing Address		Occupation			
0'1		Amount		WAL	1711
City State	ZIP Code	Guaranteed Outstanding:	ġ:		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	· · · · · · · · · · · · · · · ·		
Other		Amount			
City State	ZIP Code	Guaranteed Outstanding:	9.	3	
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	·		
City State	710.0	Amount		.,	
	ZIP Code	Guaranteed Outstanding:	*	3	
. Full Name (Last, First, Middle Initial)		Name of Employer		 -	
Mailing Address		Occupation	<u> </u>		
City		Amount			
City State	ZIP Code	Guaranteed Outstanding:	3		
PTOTALS THE DAY OF THE D					
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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	12h

	Detailed Summary Page 13b
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.7006
Cam Cavasso for U.S. Senate	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2010
Campbell Cavasso	Primary X General
Mailing Address P.O. Box 44	Other (specify) 🔻
City State ZIP C	Code
Waimanalo HI 9679	95
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
5000.00	5000.00 0.00
TERMS	
Date Incurred Date Du	ue Interest Rate Secured: × 12/31/13 \ 0.00
12 12 2011	12/31/13 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
3. Full Name (Last, First, Middle Initial)	Outstanding:
	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	>
	If no Schedule D. carry forward to appropriate line of Summany

Use separate schedule(s) for each category of the Detailed Summary Page

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ANS		Detailed Summary P	age "	shook only c	13b
ME OF COMMITTEE (In Full)		Trans	action ID :	SC/10.7007	
am Cavasso for U.S. Senat					
LOAN SOURCE Full Name (Last, F Campbell Cavasso	irst, Middle Initial)	[PERSONAL FUNDS]	l	n: 2010 imary	
Mailing Address P.O. Box 44				ther (specify)	▼
City	State ZIP	Code			
Waimanalo	HI 96	795			
Original Amount of Loan			alance Out	standing at	Close of This Perio
er ver ∲	50 2 · · · · · · · · · · · · · · · · · · ·	3	;	, ,	
Date Incurred	Date I		ate		Secured:
^M 12 ^M [°] 28 ^D Ž011		12/31/2016 0.	00 	% (apr)	Yes X
List All Endorsers or Guarantors (i	f any) to Loan Source				103
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed		***	
2. Full Name (Last, First, Middle Initi	al)	Outstanding: Name of Employer	- # . 		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:	,	ĭ	
3. Full Name (Last, First, Middle Init	al)	Name of Employer		<u> </u>	
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed			
4. Full Name (Last, First, Middle Initi	al)	Outstanding: Name of Employer	t	,	
Mailing Address					
Walling Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:	.9:	"	
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arry outstanding balance only to LINI	E 3. Schedule D. for this line	If no Schedule D. corny fo			line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

13a

ME OF COMMITTEE (In Full)			Transaction ID	: SC/10.7042	
am Cavasso for U.S. Sena	ate				
LOAN SOURCE Full Name (Last,	First, Middle Initial)		Elect	ion: 2010	
Campbell Cavasso			1	Primary General	
Mailing Address P.O. Box 44				Other (specify)	▼
City	State	ZIP Code			
Waimanalo	HI	96795			
Original Amount of Loan	* 1	Payment To Date		ıtstanding at C	lose of This P
40)	0.00 *	0.0 ∌:) 0	3 9-	400.00
TERMS Date Incurred	,	Date Due	Interest Rate		Secured:
^M 01 ^M ^D 04 ^D Ž01Ž	a e " a t	12 / /31/16 `	-	∵% (apr)	
List All Endorsers or Guarantors					Yes
1. Full Name (Last, First, Middle I	nitial)	Name of Em	ployer		
Mailing Address		Occupation			
City	210 0	Arnount Guaranteed	÷		
Oily	State ZIP Code		ra /\$ 0		
2. Full Name (Last, First, Middle In	itial)	Name of Em	ployer		
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed	- · · · ·		72.
3. Full Name (Last, First, Middle In	itial)	Outstanding: Name of Em			
Mailing Address				<u> </u>	
		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:		canata ay war ili ili ili ili ili ili ili ili ili il	
I. Full Name (Last, First, Middle In	tial)	Name of Em			
Mailing Address		Occupation			
		Arnount			- · · · · · · · · · · · · · · · · · · ·
City	State ZIP Code	Guaranteed Outstanding:	3 ,		
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BTOTALS This Period This Page (o	ptional)		•	P> ·	400.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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Detailed Summary Page 13b
Transaction ID : SC/10.7043
Election: 2010
Primary
Other (specify) ▼
ZIP Code
96795
Payment To Date Balance Outstanding at Close of This Period
0.00
Date Due Interest Rate Secured:
12/31/16 0.00 % (apr)
Se Yes No
Name of Employer
Occupation
Amount
Guaranteed Outstanding:
Name of Employer
Occupation
Amount
Guaranteed Outstanding: valte
Name of Employer
Occupation
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Name of Employer
Occupation
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Guaranteed Outstanding:
800.00
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his line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)			Election: 2010)
Campbell Cavasso				Primary General	
Mailing Address P.O. Box 44	177 870	100 100		Other (spec	eify) ▼
City	State	ZIP Code			
Waimanalo	HI	96795			
Original Amount of Loan	Cumulative Pay	ment To Date	Balanc	e Outstanding	at Close of This Perio
680.00					
TERMS Date Incurred	Da	ate Due Int	terest Rate	<u> </u>	Secured:
^M 02 ^M ^D 13 ^D Ž01Ž			0.00	% (apr)	
List All Endorsers or Guarantors (if any) to	o Loan Source			.	Yes N
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	THE STATE OF THE S	e can no "materiolitaesi".	g =
2. Full Name (Last, First, Middle Initial)		Name of Employ	yer	<u></u>	
Mailing Address		Occupation		 .	
City State	ZIP Code	Amount Guaranteed Outstanding:	,	·¥·	
3. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employ	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	nasenseri, in en	0-3 / L a L	and the second
4. Full Name (Last, First, Middle Initial)		Name of Employ	/er		
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation			
City State	ZIP Code	Amount Guaranteed	3·3		
City State BTOTALS This Period This Page (optional) TALS This Period (last page in this line only)		Guaranteed Outstanding:	,		680.00

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	•			Ele	ection: 201	0	
Campbell Cavasso						Primary General		
Mailing Address P.O. Box 44						Other (spe	cify) ▼	
City	State	ZIP Co	de					
Vaimanalo	HI .	96795	****					
Original Amount of Loan	Cumulative F	ayment To	Date		Balance	Outstanding	at Close	of This Period
650.00			0.0	00				650.00
rerms	*					3	7	*
Date Incurred		Date Due		Interest	Rate		Sec	ured:
^M 03 ^M ^D 02 ^D 2012	F		12/31/16	e record	0.00	, % (apr)		Yes No
List All Endorsers or Guarantors (if any) t	o Loan Sourc	e						<u>Yes No</u>
1. Full Name (Last, First, Middle Initial)	1		Name of En	nployer				
Mailing Address			Occupation				·	
			Amount					
City State	ZIP Code		Guaranteed Outstanding	:	,			
2. Full Name (Last, First, Middle Initial)			Name of En	nployer				<u></u>
Mailing Address			Occupation					
	<u> </u>		Amount	*.				
City State	ZIP Code		Guaranteed Outstanding	:	,	1		
3. Full Name (Last, First, Middle Initial)	· 	 .	Name of Em	ployer	<u> </u>			
Mailing Address			Occupation					
			Amount					
City State	ZIP Code		Guaranteed Outstanding:			· * 5		
. Full Name (Last, First, Middle Initial)			Name of Em			, <u>, , , , , , , , , , , , , , , , , , </u>		
Mailing Address			Occupation					
		ļ	Amount					
City State	ZIP Code		Guaranteed Outstanding:		· y			
RTOTALS This Period This Page (optional)	•			•		y	,	650.00
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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LOAN SOURCE Full Name (Last, First, Middle Campbell Cavasso	le Initial)				ction: 2010 Primary		
Mailing Address P.O. Box 44					General Other (specif	y) ▼	
City	tate ZIP Co	de	.				
Waimanalo	HI 96795						
3200 00	Cumulative Payment To	an na graven. O O	 .n	alance (Outstanding at	Close of Ti	
TERMS	rans and the first same and the	3°	1 1		3.	,	
Date Incurred	Date Due		Interest R	ate		Secured	:
^M 03 ^M °09° ž01ž	* *	12/31/16	0.	00 *.	% (apr)	Yes	× No
List All Endorsers or Guarantors (if any) to I 1. Full Name (Last, First, Middle Initial)	Loan Source						
T. Toli Name (Last, First, Middle Initial)		Name of Em	ployer				
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:	¥I		A September 1 of Carlow 1.		
2. Full Name (Last, First, Middle Initial)		Name of Em	ployer			···········	_
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:		ò 5 %	. 1		
3. Full Name (Last, First, Middle Initial)		Name of Em	ployer				
Mailing Address		Occupation					 -
City State	ZIP Code	Amount Guaranteed Outstanding:		5	3	1 <u></u>	
. Full Name (Last, First, Middle Initial)		Name of Em	oloyer	"	· <u>-</u>		
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:	· mwe e-	31	TOTAL OF ST		
STOTALS This Period This Page (optional)			•			3200.	00

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Use separate schedule(s) for each category of the Detailed Summary Page

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m Cavasso for U.S. Senate							
OAN SOURCE Full Name (Last, First,	Middle Initial)						
Campbell Cavasso	widdle iritial)				Election: 2010	0	
Mailing Address P.O. Box 44	. , , , , , , , , , , , , , , , , , , ,				General Other (spec	oify) 🔻	
Dity	State	ZIP	Code				
Vaimanalo	, HI	967	795				
Original Amount of Loan	Cumulativ	e Paymen	t To Date	Baland	ce Outstanding	at Close of	This Pe
836.00		3 -	0.00		3 .		36.00
ERMS Date Incurred		Date D	Due	Interest Rate	<u> </u>	Secure	eq.
M03 ^M ^D 23 ^D Ž01Ž	ere eranan	to a	12 / 31/16	0.00	% (apr)		$\bar{\mathbf{X}}$
ist All Endorsers or Guarantors (if an		urce				Ye	95
. Full Name (Last, First, Middle Initial)			Name of Emp	oloyer			
Mailing Address			Occupation				
City State	ziP Code	е	Amount Guaranteed		<u> </u>		
. Full Name (Last, First, Middle Initial)		-	Outstanding: Name of Emp	oloyer			
Mailing Address		 ,.	Occupation		,		
			Amount				
City State	ZIP Code	9	Guaranteed Outstanding:		3		
. Full Name (Last, First, Middle Initial)			Name of Emp	oloyer			
Mailing Address			Occupation	·			
City State	ZIP Code		Amount Guaranteed Outstanding:		,		
. Full Name (Last, First, Middle Initial)			Name of Emp		<u> </u>		
Mailing Address			Occupation				
City State	ZIP Code		Amount Guaranteed				
0.0.0		-	Outstanding:				
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SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

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.OANS		Detailed Summary Pag	je (check only o	ne) X 13a 13b
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	· · · · · · · · · · · · · · · · · · ·	Transac	tion ID : SC/10.7083	
LOAN SOURCE Full Name (Last, First, Middle Campbell Cavasso	e Initial)		Election: 2010 Primary	·····
Mailing Address P.O. Box 44			General Other (specify)	▼
	ate ZIP Code HI 96795	- 197 ·		/
	Cumulative Payment To Da	ate Bala	nce Outstanding at (
3	7 . 3	0.00	9 . 3	800.00
TERMS Date Incurred MO4 30 2012	Date Due	Interest Rate 31/16 0.00		Secured:
List All Endorsers or Guarantors (if any) to L				100 110
Full Name (Last, First, Middle Initial)		lame of Employer		
Mailing Address	ļ	occupation		
City State	ZIP Code G	mount iuaranteed Dutstanding:	·9: 5%	•
2. Full Name (Last, First, Middle Initial)	N	lame of Employer		
Mailing Address	O	ccupation		
City State 2	ZIP Code G	mount luaranteed lutstanding:	5 5-	
3. Full Name (Last, First, Middle Initial)	N	ame of Employer		
Mailing Address	0	ccupation		
City State 2	ZIP Code G	mount uaranteed utstanding:	2 . Jak	,
4. Full Name (Last, First, Middle Initial)	N	ame of Employer		
Mailing Address	0	ccupation		
City State Z	IP Code G	mount uaranteed utstanding:	· •	
SUBTOTALS This Period This Page (optional)			, ,	800.00
TOTALS This Period (last page in this line only)		>	www.graniana.com	
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no	Schedule D, carry forwa	ard to appropriate li	ne of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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JANS	Detailed Summary Page (Check only one) 13a
AME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID : SC/10.7084
LOAN SOURCE Full Name (Last, First, Middle Initial) Campbell Cavasso	Primary
Mailing Address P.O. Box 44	General Other (specify) ▼
City State Waimanalo HI	ZIP Code 96795
	ve Payment To Date Balance Outstanding at Close of This Perio
TERMS	3 3 3 3 3 3 3 3 3 3
Date Incurred M05 ^M 31 ^D 2012	Date Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan So	Tes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Co	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Cod	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	1695.00
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arry outstanding balance only to LINE 3, Schedule D, fo	or this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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	Detailed Summary Page 13b
ME OF COMMITTEE (In Full)	Transaction ID : SC/10.7085
am Cavasso for U.S. Senate	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2010
Campbell Cavasso	Primary X General
Mailing Address P.O. Box 44	Other (specify)
City State	ZIP Code
Waimanalo HI	96795
	re Payment To Date Balance Outstanding at Close of This Perio
700.00	0.00 700.00
TERMS Date Incurred	Date Due Interest Rate Secured:
A DESCRIPTION OF THE PROPERTY	
M06M 30 2012	12/31/16 ' 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan So	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	e Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	e Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Cod	e Guaranteed Outstanding: 5
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Amount Amount
City State ZIP Cod	Guaranteed Outstanding:
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	r this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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ME OF COMMITTEE (In Fully				ransaction	ID : SC/10.71	16	13b
ME OF COMMITTEE (In Full) am Cavasso for U.S. Senate			''	. unaatuvii	ID . GO/10./ 1	10	
	(41411 - 1-141-1)						
LOAN SOURCE Full Name (Last, First, M	iddie initial)			Ele	ection: 2010	1	
Campbell Cavasso	•			X	Primary General		
Mailing Address P.O. Box 44		- W			Other (spec	ify) ▼	
City	State	ZIP Code					
Waimanalo	н	96795					
Original Amount of Loan	Cumulative I	Payment To Date		Balance	Outstanding a	at Close of T	his Perio
800.00	2 4 4 40 4	a the transfer of the	0.00		e e e		
The state of the		<u>territorio de la compania del compania del compania de la compania del la compania de la compan</u>	*		9	, 80	0.00
TERMS Date Incurred	- <u>-</u>	Date Due	Interes	st Bate		Secureo	4-
^M 07 ^M 31 ^D 2012		¥ 42 24 14 C	· ·	0.00		500000	
<u> </u>		and the second s		#	% (apr)	Yes	
List All Endorsers or Guarantors (if any)	to Loan Source	е					
1. Full Name (Last, First, Middle Initial)		Name o	f Employer	- 12-4			
Mailing Address		Occupa	tion				
		Amount					
City State	ZIP Code	Guarant Outstan		ś			
2. Full Name (Last, First, Middle Initial)		Name o	f Employer		 _	···	<u> </u>
Mailing Address		Occupa	tion				
		Amount					
City State	ZIP Code	Guarant Outstan		,	3		
3. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name o	f Employer				·
Mailing Address	· <u>.</u> .	Occupa	tion				
		Amount			. ,		
City State	ZIP Code	Guarant Outstan		3	,		
4. Full Name (Last, First, Middle Initial)			f Employer		<u> </u>		
Mailing Address		Occupat	ion		·=-		
		A					
City State	ZIP Code	Amount Guarante Outstand		,	,		
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OAN SOURCE Full Name (Last, First, Mic	ddle Initial)				Ele	ection: 201	0	
Campbell Cavasso	,					Primary	J	
					>	General		
Aailing Address P.O. Box 44					 [Other (spe	cify) ▼	
Dity	State	ZIP Co	de					
Vaimanalo	HI	96795						
Original Amount of Loan	Cumulative P	ayment To	Date		Balance	Outstanding	at Close	of This Pe
3470.00			٥	nn				3470.00
ERMS	7			-			5 ·	
Date Incurred		Date Due		Interest	Rate		Sec	cured:
^M 08 ^M ^D 31 ^D Ž01Ž	:	¥ 1	2/31/16		0.00	% (apr)		
ist All Endorsers or Guarantors (if any) t	o Loan Source	 -						Yes
. Full Name (Last, First, Middle Initial)	<u></u>		Name of Er	nployer				
Mailing Address			Occupation					
			Amount					· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code		Guaranteed Outstanding		.5			
. Full Name (Last, First, Middle Initial)			Name of Er	nployer	_	-		
Mailing Address			Occupation					·
			Amount	• •				
City State	ZIP Code		Guaranteed Outstanding		Ž io	. T.		
Full Name (Last, First, Middle Initial)			Name of Er	nployer				
Mailing Address			Occupation		· · · · · ·			
			Amount					
City State	ZIP Code		Guaranteed Outstanding	:	3	3		
Full Name (Last, First, Middle Initial)			Name of En					
Mailing Address			Occupation		.	 		
		-	Amount			. 7 - 4 - 4-		
City State	ZIP Code		Guaranteed Outstanding	:	3.	., (.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Detailed Summary Page 13b
NAME OF COMMITTEE (In Full)	Transaction ID : SC/10.7118
Cam Cavasso for U.S. Senate	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: 2010
Campbell Cavasso	Primary
Mailing Address	Xi General Other (specify) ▼
P.O. Box 44	Carlo (spacify)
City State ZIP	Code
Waimanalo HI 967	795
Original Amount of Loan Cumulative Payment	Balance Outstanding at Close of This Perio
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TERMS Date Incurred Date D	Due Interest Rate Secured:
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1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
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The real of the first formation and the first formatio	Name of Employer
Mailing Address	Occupation
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City State ZIP Code	Guaranteed
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or year result (Eddy Filed) initially	Name of Employer
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	Name of Employer
Mailing Address	Occupation
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City State ZIP Code	Guaranteed
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Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 73

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ampbell Cavasso					L100	tion: 2010		
iiling Address						Primary General		
O. Box 44						Other (specif	y) ▼	
у	State	ZIP Code			<u>l.</u> .			
imanalo	HI	96795						
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Date Incurred M 10 Y 2012	7 / B	Date Due 12/31	(16 Lu Faran	Interest Ra	00	% (apr)	Secured:	X
t All Endorsers or Guarantors (if an	y) to Loan Sourc			,			Yes	
Full Name (Last, First, Middle Initial)		Nar	ne of Em	ployer				
Mailing Address		Occ	upation		•		-	
City State	e ZIP Code	Gua	ount ranteed standing:			: 9'		•
Full Name (Last, First, Middle Initial)		Nan	ne of Em	oloyer	•			
Mailing Address		Occ	upation	· · · · · · · · · · · · · · · · · · ·				···
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ull Name (Last, First, Middle Initial)		Naл	ne of Emp	oloyer				
Mailing Address		Occ	upation					
Dity State	ZIP Code		ount ranteed standing:	*	5 :	1 13		
ull Name (Last, First, Middle Initial)	<u></u>		e of Emp	oloyer				
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Use separate schedule(s) for each category of the Detailed Summary Page

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PAGE 74

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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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PAGE 75 OF 112

LOAN SOURCE Full Name (Last, First, Middle Initia	al)	· · · · · · · · · · · · · · · · · · ·		Ele	ction: 2010		
Campbell Cavasso					Primary		
Mailing Address P.O. Box 44	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			General Other (specif	ý) ▼	
City State	ZIP (Code	-				
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ist All Endorsers or Guarantors (if any) to Loan (. (ар.)	Ye	
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Mailing Address	<u></u>	Occupation					
City State ZIP C	ode	Amount Guaranteed Outstanding:			408		
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 76 OF 112 FOR LINE NUMBER: (check only one)

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Naimanalo Original Amount of Loan	tate ZIP C HI 9679: Cumulative Payment 1	5 To Date	X	oction: 2010 Primary General Other (specif	y) ▼
P.O. Box 44 City S Walmanalo Original Amount of Loan	HI 9679: Cumulative Payment 1	5 To Date		Other (specif	y) ▼
Naimanalo Original Amount of Loan	HI 9679: Cumulative Payment 1	5 To Date	Balance	Outstanding et	
Original Amount of Loan	Cumulative Payment 1	To Date	Balance	Outstanding at	
Some and the second of the sec	ar memoren, de elem ili iliza elegen	14308.01	Balance	Outstanding at	 .
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16500.00		30 / 30 / 30		,	2101.99
TERMS Date Incurred	Date Due	e Interest	Rate		Secured:
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ist All Endorsers or Guarantors (if any) to b	oan Source				Yes N
Full Name (Last, First, Middle Initial)		Name of Employer	<u> </u>		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		* 100	***
. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	1	
. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	IP Code	Amount Guaranteed Outstanding:	.5	,	
. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	mi.		
City State 2	IP Code	Amount Guaranteed Outstanding:	:35		·
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 77

13a

AME OF COMMITTEE (I. F. III)	
AME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID: SC/10.7197
LOAN SOURCE Full Name (Last, First, Middle Initial)	
Campbell Cavasso	Election: 2010 Primary
•	—————————————————————————————————————
Mailing Address P.O. Box 44	Other (specify) ▼
City State	ZIP Code
Waimanalo HI	96795
Original Amount of Loan Cumulative F	Payment To Date Balance Outstanding at Close of This Period
2000 00	0.00 2000.00
TERMS	
Date Incurred M01 ^M 03 ^D 2013	Date Due Interest Rate Secured: 12/31/16 0.00 (apr)
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	e Name of Employer
	Name of Employer
Mailing Address	Occupation
	Amount Constitution of the
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding: 5 1
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 78
FOR LINE NUMBER: (check only one)

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ME OF COMMITTEE (In Fu	(الد				Transac	tion ID : SC/10.	7198	
am Cavasso for U.S	3. Senate							
LOAN SOURCE Full Nar	ne (Last, First, M	iddle Initial)				Election: 20	10	
Campbell Cavasso		-				Primary	10	
						General		
Mailing Address P.O. Box 44						Other (spe	ecify) ▼	
City		State	ZIP Cod	de		<u>I </u>		
Waimanalo		HI	96795					
Original Amount of Loan		Cumulative Pa	ayment To	Date	Bala	nce Outstanding	gat Close of Th	nis Per
,	1600.00	5	3	0.0	10	,	1600	00.0
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M01 ^M ^D 22 ^D	-		Date Due	v v ,	Interest Rate		Secured:	;
U1 22	Ž01Š		· 1	12/31/16	0.00 #	0/ /	, 🔲	X
List All Endorsers or Gua		to Loan Source	,		 		Yes	
I. Full Name (Last, First,	Middle Initial)			Name of Em	ıployer			
Mailing Address				Occupation				
			}	Amount				
City	State	ZIP Code		Guaranteed Outstanding:	<u>:</u>	,		
2. Full Name (Last, First, M	viiddle Initial)			Name of Em		<u> </u>	 -	
Mailing Address				Occupation	<u> </u>			
			-	Amount				
City	State	ZIP Code		Guaranteed Outstanding:		3		
3. Full Name (Last, First, N	/liddle Initial)			Name of Emp				
Mailing Address	<u> </u>			Occupation	· · · · · · · · · · · · · · · · · · ·			
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City	State	ZIP Code		Amount Guaranteed				
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l. Full Name (Last, First, M	liddle Initial)			Name of Emp	ployer			
Mailing Address				Occupation				
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City	State	ZIP Code		Guaranteed Outstanding:		. y .		
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

AME OF COMMITTEE (In Full)	<u></u>	Detailed Summai	, <u> </u>			13b
ME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		ır	ansaction ID : S	C/10.7199		
LOAN SOURCE Full Name (Last, First,	Mistale Library		···			
Campbell Cavasso	Middle Initial)		Election:			
		_	Prim			
Mailing Address P.O. Box 44			1 1 1 1 1	er (specify)		
City	State ZIP	Code				
Waimanalo	HI 9679	95				
Original Amount of Loan	Cumulative Payment	To Date	Balance Outsta	anding at Clos	e of This I	 Peri
1000.00	em vollerin muslem havis volles. ≸e	0.00	*		1000.00	
TERMS		·····	,			
Date Incurred M02 ^M Date Incurred 2013	Date Du			S	ecured:	
02 11 2013	mit many series of the series	12/31/16 \ 12/31/16 \	0.00 • # %	(apr)], 🗵	
List All Endorsers or Guarantors (if any	to Loan Source	·			Yes	N
1. Full Name (Last, First, Middle Initial)		Name of Employer		·		
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation		<u></u>		
			· · · · · · · · · · · · · · · · · · ·		v 1+	
City State	ZIP Code	Guaranteed Outstanding:	√Oke	<u>n a (</u> ∰) inc		
3. Full Name (Last, First, Middle Initial)		Name of Employer	_			
Mailing Address		Occupation	<u> </u>			
0:		Amount	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	
City State	ZIP Code	Guaranteed Outstanding:	3	3.		
. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation			<u></u> .	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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PAGE 80 OF 112

		Detailed Summary Page
ME OF COMMITTEE (In Full)		Transaction ID : SC/10.7200
am Cavasso for U.S. Ser	nate	
LOAN SOURCE Full Name (Las	t, First, Middle Initial)	Election: 2010
Campbell Cavasso		Primary
Mailing Address P.O. Box 44		General Other (specify) ▼
City	State ZIP	Code
Waimanalo	HI 967	795
'' 10	በስ በስ	t To Date Balance Outstanding at Close of This Pe 0.00 1000.00
TERMS Date incurred	Date [Due Interest Rate Secured:
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List All Endorsers or Guarantor		Yes
1. Full Name (Last, First, Middle	Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
•		
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle	nitial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
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rry outstanding balance only to L	INE 3, Schedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summar

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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X 13a

LOAN SOURCE Full Name (Last, First, Midd	dle Initial)		Election: 2010	<u></u>
Campbell Cavasso			Primary General	
Mailing Address P.O. Box 44		6974	Other (specif	y) ▼
City	State	ZIP Code		
Vaimanalo	НІ	96795		
	Cumulative F	Payment To Date	Balance Outstanding at	Close of This Perio
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Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	9' 9	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	<u> </u>	Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 82

X 13a

ME OF COMMITTEE (In Full)				Irans	action ID :	SC/10.72	04	
nm Cavasso for U.S. Sena								
LOAN SOURCE Full Name (Last,	First, Middle Initial)			Electio	n: 2010		
Campbell Cavasso					Pr X G	imary eneral		
Mailing Address P.O. Box 44					1 ===	her (speci	fy) ▼	
City	State	ZIP Cod	le		1 -			
Vaimanalo	HI	96795						
Original Amount of Loan		ive Payment To		Ba	alance Out	standing a	t Close of Ti	his Po
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st All Endorsers or Guarantors			- Continuo	duti restina	···. #. · · ·	70 (apr)	Yes_	
Full Name (Last, First, Middle Ir			Name of En	nployer				
Mailing Address			Occupation			· · · · · · · · · · · · · · · · · · ·		
			Amount					
City	State ZIP Co	de	Guaranteed Outstanding	:				
Full Name (Last, First, Middle Ini	ial)		Name of En	ployer				
Mailing Address	1810		Occupation		·-···			
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<u> </u>	State ZIP Cod	de	Guaranteed Outstanding:	:	*			
Full Name (Last, First, Middle Init	ial)		Name of Em	ployer				
Mailing Address			Occupation				-	
City	State ZIP Cod		Amount Guaranteed				<u> </u>	
Full Name (Last, First, Middle Init			Outstanding:		3	3		
		_	Name of Em	ployer				
Mailing Address			Occupation		 · ·			
City	State ZIP Cod		Amount Guaranteed	*		·		
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 83

13a

Campbell Cavasso Mailing Address P.O. Box 44 City State ZIP Code Waimanalo HI 96795 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period Company of the Company of t	am Cavasso for U.S. Senate LOAN SOURCE Full Name (Last, First, M	Aiddle Initial)			lection: 2010		
Mailing Address P.O. Box 44 City State ZIP Code Waimanalo HI 96795 Original Amount of Loan Comulative Payment To Date Balance Outstanding at Close of This Period Cutstanding: Other (specify) ▼ Balance Outstanding at Close of This Period Payment To Date Balance Outstanding at Close of This Period This Period This Period (specific Payment To Date Balance Outstanding:		madio minary			Primary		
Waimanalo HI 96795 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Performance of	Mailing Address P.O. Box 44					y) ▼	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period This Period This Period This Period This Page (optional) Date Incurred Date Due Interest Rate Secured: 1 Poli Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: City ZIP Code Outstanding: ZIP Code Outstandi	City	State	ZIP Code				
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City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 7. Name of Employer Amount Guaranteed Outstanding: 7. Name of Employer Amount Guaranteed Outstanding: 7. Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 7. Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 7. Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 7. Name of Employer	Full Name (Last, First, Middle Initial)		Name of Emp	loyer			
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Quaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 7. Name of Employer Mailing Address City State ZIP Code Guaranteed Outstanding: Mailing Address City State ZIP Code Guaranteed Outstanding: Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 750.00	Mailing Address		Occupation	7041			-
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Mailing Address Occupation Amount Guaranteed Outstanding: 750.00		∠IP Code		· 3 -	,		
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			Detailed Su	ımmary Page	• (13b
ME OF COMMITTEE (In Full) am Cavasso for U.S. Senai	10			Transact	ion ID : SC/10.72	251
LOAN SOURCE Full Name (Last, F)	<u>.</u>		Election: 2010	1
Campbell Cavasso					Primary General	
Mailing Address P.O. Box 44					Other (spec	ify) 🔻
City Waimanalo	State HI	ZIP Co 96795	de			
Original Amount of Loan			D-4-	D-1		at Class of This Davi
300	00	tive Payment To	0.00	Balar	tce Outstanding	at Close of This Perio
TERMS Date Incurred		Date Due	1.	nterest Rate	-	Secured:
^M 04 ^M ^D 25 ^D Ž013	and the second	Y .	12/31/16	0.00	% (apr)	
List All Endorsers or Guarantors (f any) to Loan S	ource				Yes N
1. Full Name (Last, First, Middle In	itial)		Name of Emp	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:	***	·	
2. Full Name (Last, First, Middle Init	ial)		Name of Empl	loyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:		3 1	
3. Full Name (Last, First, Middle Init	ial)		Name of Empl	oyer		
Mailing Address			Occupation			
City	State ZIP Co	ode	Amount Guaranteed Outstanding:			
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Mailing Address			Occupation			
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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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IE OF COMMITTEE (In Full)				Tra	nsaction	ID : SC/10.72	52	
m Cavasso for U.S. Senate								
OAN SOURCE Full Name (Last, First, Mid	ldle Initial)				Ele	ection: 2010		
Campbell Cavasso						Primary		
Mailing Address					<u> </u> <u>></u>	General		
P.O. Box 44						Other (speci	ty) ▼	
Dity	State	ZIP Co	de	**************************************	I			
/aimanalo	HI	96795						
Original Amount of Loan	Cumulative	Payment To	Date		Balance	Outstanding a	at Close of T	his Pe
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05 ^{}		٧	12/31/16		0.00			امِست
•			12/01/10	•	#	% (apr)	Yes	X
ist All Endorsers or Guarantors (if any) to	Loan Sou	rce					103	
. Full Name (Last, First, Middle Initial)	.,		Name of Em	nployer				
Mailing Address			Occupation					
			Amount		ž	e		
City State	ZIP Code	- !	Guaranteed Outstanding:	:				
. Full Name (Last, First, Middle Initial)			Name of Em	ployer	- .			
Mailing Address	, , , , , , , , , , , , , , , , , , , ,	,	Occupation					
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Mailing Address	-		Occupation			· · · · · ·	<u> </u>	
			Amount		• •	٠,		
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Mailing Address			Occupation					
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LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	<u> </u>		Election: 201	0
Campbell Cavasso				Primary General	v
Mailing Address P.O. Box 44				Other (spec	cify) 🔻
City	State ZIP	Code			
Vaimanalo	HI 9679	95			
Original Amount of Loan	Cumulative Payment	To Date	Bala	nce Outstanding	at Close of This Per
2000.00 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20		0.0	00	9 0	2000.00
TERMS Date Incurred	Date Du	18	Interest Rate		Secured:
^M 06 ^M ^D 12 ^D Ž013		12/31/16	0.00	% (apr)	Yes
ist All Endorsers or Guarantors (if any) t	o Loan Source			<u></u>	165
I. Full Name (Last, First, Middle Initial)		Name of En	nployer	· · · · · · · · · · · · · · · · · · ·	
Mailing Address		Occupation			· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code	Amount Guaranteed Outstanding	:	3	
P. Full Name (Last, First, Middle Initial)	·-	Name of En	nployer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding			-
. Full Name (Last, First, Middle Initial)		Name of Em			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	ě	r. y	
. Full Name (Last, First, Middle Initial)		Name of Em			······································
Mailing Address	170	Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:		or and an area of the second	
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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Scining		13b
ME OF COMMITTEE (In Full) am Cavasso for U.S. Senat	•	Т	ransaction ID : SC/10.7299	
LOAN SOURCE Full Name (Last, F	rst, Middle Initial)		Election: 2010	
Campbell Cavasso			Primary General	
Mailing Address	·	· ****	Other (specify)	
P.O. Box 44			Lampel	
City	State ZIP	Code		
Waimanalo	HI 967	95		
Original Amount of Loan	Cumulative Payment	To Date	Balance Outstanding at Close of	of This Peri
2500.0		0.00		2500.00
TERMS	,	*	. 3 9	
Date Incurred	Date D	ue Interes	st Rate Secu	red:
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The state of the s	The "Limited S	er official form	الـــا (apr) (apr) القال	Yes N
List All Endorsers or Guarantors (if				
 Full Name (Last, First, Middle Init 	ial)	Name of Employer		
Mailing Address		Occupation		
City	tate ZIP Code	Amount Guaranteed		
	211 Gode	Outstanding:	.9"	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	<u> </u>	
Mailing Address		Occupation		

City	tate ZIP Code	Amount Guaranteed		
	tato Zii Oode	Outstanding:	<i>3</i> *	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	<u> </u>	
Mailing Address		Occupation		
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City S	tate ZIP Code	Amount Guaranteed	and the second of the second o	***
		Outstanding:	±# ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±	
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Mailing Address		Occupation		
City	tate ZIP Code	Amount Guaranteed		
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LOAN SOURCE Full Nam	e (Last. First. M	iddle Initial)				- Let-	-4!	 -	
Campbell Cavasso Mailing Address P.O. Box 44	5 (Eddi, 1 1131, 141	odio minary					ction: 2010 Primary General Other (speci		
						_	 .		
City		State	ZIP Co	de					•
Waimanalo		HI	96795						
Original Amount of Loan	2000.00	Cumulative F		Maria III et al.	00	Balance (Outstanding a		
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ist All Endorsers or Guar		to Loan Source	e			.,,			
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Mailing Address		- <u></u>		Occupation				· <u> · · · · · · · · · · · · · · · · · </u>	
City	State	ZIP Code	·	Amount Guaranteed Outstanding		* .			
2. Full Name (Last, First, M	iddle Initial)			Name of En	nployer	 .			
Mailing Address	. <u></u>	, <u> </u>		Occupation	· · ·	,t=1			
		<u> </u>		Amount					
City	State	ZIP Code		Guaranteed Outstanding		51 9 . 1	' 1 '		
. Full Name (Last, First, M	iddle Initial)			Name of En	nployer	<u></u> _			
Mailing Address				Occupation					<u> </u>
City	State	ZIP Code		Amount Guaranteed Outstanding			3		,
. Full Name (Last, First, Mi	ddle Initial)			Name of Em					
Mailing Address				Occupation	····	<u> </u>			_
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LOAN SOURCE Full Name (Last, First, Mid Campbell Cavasso	ldle Initial)					ction: 20 Primary General	10		
Mailing Address P.O. Box 44						Other (spe	ecify) 🔻		
Dity	State	ZIP Co	de						
Vaimanalo	HI	96795			<u> </u>				
Original Amount of Loan	Cumulative	Payment To	Date	Ω. λ.πΣ	Balance	Outstanding	at Clos	e of This	Per
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ist All Endorsers or Guarantors (if any) to	Loan Source	ce						Yes	
. Full Name (Last, First, Middle Initial)		**	Name of Em	ployer					
Mailing Address			Occupation						
City State	ZIP Code		Amount Guaranteed Outstanding:		. 35	. به ب		- 7	
. Full Name (Last, First, Middle Initial)			Name of Em	ployer	, <u> </u>	-			
Mailing Address	-		Occupation						
City State	ZIP Code		Amount Guaranteed Outstanding:			í			
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Mailing Address			Occupation		-				
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Full Name (Last, First, Middle Initial)			Name of Em		 .				
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LOAN SOURCE Full Name (Last, First, M	iddle Initial)	<u></u> .			Election	n: 2014		
Campbell Cavasso	,				X Pr			
Mailing Address P.O. Box 44				· - ·		ther (speci	fy) ▼	
City	State	ZIP Co	de		1			
Waimanalo	н	96795						
Original Amount of Loan	Cumulative F	ayment To	Date	Ва	ance Out	standing a	t Close of T	his Peri
3500.00	,	1	0.0	00	,		3500	0.00
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^M 09 ^M	Maria mendida di Santa	¥ 1	12/31/16	0.0	0	% (apr)	Secured	X
List All Endorsers or Guarantors (if any)	to Loan Sourc			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	<u>N</u>
1. Full Name (Last, First, Middle Initial)			Name of En	nployer			<u></u>	
Mailing Address	·		Occupation					
City State	ZIP Code	······································	Amount Guaranteed Outstanding	:				
2. Full Name (Last, First, Middle Initial)			Name of Em					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed					
3. Full Name (Last, First, Middle Initial)			Outstanding: Name of Em		9	<u>, </u>		
Mailing Address								
			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding;		79	1		
. Full Name (Last, First, Middle Initial)	<u>. </u>		Name of Em					
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding:	-	3	,		
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SCHEDULE C (FEC Form 3) LOANS

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am Cavasso for U.S. Senate								
LOAN SOURCE Full Name (Last, First, M Campbell Cavasso Mailing Address P.O. Box 44	iddle Initial)					ction: 2010 Primary General Other (specif	'y) ▼	
City	01.							
Waimanalo	State HI	ZIP Co 96795	de					
Original Amount of Loan		ayment To	0.0	00	lalance (Outstanding at	Close of Tr	
TERMS	<u> </u>		<u> </u>				,	
Date Incurred M09 ^M 09 ^D 2013			2/31/16		.00	% (apr)	Secured:	∑
List All Endorsers or Guarantors (if any)			(A. H. B. A.		·····	70 (apr)	Yes	<u></u>
Full Name (Last, First, Middle Initial)			Name of Er	nployer				
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed Outstanding		.91	· · · · ·		
2. Full Name (Last, First, Middle Initial)	<u>-</u>		Name of En			 .		
Mailing Address	. 4		Occupation					
City State	ZIP Code	<u>-</u> .	Amount Guaranteed			Þ		
B. Full Name (Last, First, Middle Initial)	. <u> </u>	·	Outstanding Name of Err		<u>, , </u>	-		
Mailing Address	<u> </u>	<u>-</u>	Occupation				. <u> </u>	
City State	ZIP Code		Amount Guaranteed Outstanding:		,	, *		
. Full Name (Last, First, Middle Initial)			Name of Err				<u> </u>	
Mailing Address			Occupation	 .	<u> </u>	-		
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am Cavasso for U.S. Sena											
LOAN SOURCE Full Name (Last, Campbell Cavasso	First, M	iddle Initial)					Pri	n: 2010 mary	1		
Mailing Address P.O. Box 44	-		,, <u>,</u>		·		X Ge Oti	neral her (spec	ify) 🔻		
City		State	ZIP Cod	e							
Waimanalo		н	96795								
Original Amount of Loan 700	ብብ			_		•		• .		of This F	erio
TERMS Date Incurred											_
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Mailing Address				Occupation	1						
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City	State	ZIP Code		Guaranteed Dutstandin		d	F1	.) -			
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City S	tate	ZIP Code	- 6	uaranteed utstanding	:	,					
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SCHEDULE C (FEC Form 3) LOANS

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LOAN SOURCE Full Name (Last, First, I	Middle Initial)				Ele	ction: 201	0		
Campbell Cavasso						Primary			
Mailing Address P.O. Box 44						General Other (spe	cify) 🔻		
City	State	ZIP Co	ode						
Vaimanalo	н	96795							
Original Amount of Loan	Cumulative	Payment To	Date		Balance	Outstanding	at Clos	e of Thi	s Per
500.00		4	0.0	00	-	,	3 -	500.0	00
TERMS Date Incurred		Date Due		Interest	Rate		<u> </u>	ecured:	
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List All Endorsers or Guarantors (if any)	to Loan Sou	rce						Yes	1
1. Full Name (Last, First, Middle Initial)			Name of En	nployer					
Mailing Address			Occupation						
City State	ZIP Code		Amount Guaranteed Outstanding						
2. Full Name (Last, First, Middle Initial)			Name of En					· -	
Mailing Address	 	••	Occupation						
	·		Amount		•				
City State	ZIP Code		Guaranteed Outstanding	j:		,			
. Full Name (Last, First, Middle Initial)	· <u>····</u>		Name of En	nployer		.	_		
Mailing Address		<u></u>	Occupation						
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City State	ZIP Code		Guaranteed Outstanding	:	· •	-30			
. Full Name (Last, First, Middle Initial)			Name of Em	ployer			-		
Mailing Address		****	Occupation						
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LOAN SOURCE Full Name (Last, First, M	liddle Initial)	•	· · · · · · · · · · · · · · · · · · ·		Ele	ction: 2010)	
Campbell Cavasso						Primary		
Mailing Address P.O. Box 44	· ****		700			General Other (spec	cify) 🔻	
City	State	ZIP Co	de					
Vaimanalo	Н	96795						
Original Amount of Loan	Cumulative Pa	ayment To	Date			Outstanding	at Close of	This Perio
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Date Incurred M10 ^M 29 ^D 2013		Date Due		Interest			Secure	d:
^M 10 ^M ^D 29 ^D Ž013		*	12/31/16		0.00	% (apr)		$ \mathbf{X} $
List All Endorsers or Guarantors (if any)	to Loan Source)	. = .		, <u>-</u>		Ye:	s No
1. Full Name (Last, First, Middle Initial)	*		Name of En	nployer		· Mc ·		
Mailing Address			Occupation					
City State	ZIP Code		Amount Guaranteed					
2. Full Name (Last, First, Middle Initial)			Outstanding Name of En		·*			
Mailing Address		<u>,,</u>	Occupation					
			Amount					
City State	ZIP Code		Guaranteed Outstanding		. •	7		
3. Full Name (Last, First, Middle Initial)			Name of Em					
Mailing Address	,_,		Occupation					
0.0			Amount					
City State	ZIP Code		Guaranteed Outstanding:	;	,	,		
. Full Name (Last, First, Middle Initial)	***************************************		Name of Em	nployer				····
Mailing Address			Occupation		<u>. </u>		<u>.</u>	
City State	ZIP Code		Amount Guaranteed					
, State	211 0006		Outstanding:		,	9 ·		
TOTALS This Period This Page (optional).	········			•		y	8000	0.00

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SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 95 OF 112 FOR LINE NUMBER: (check only one)

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200.00 ,	Date Due Interest Rate Secured: 12/31/16 0.00 % (apr)
Original Amount of Loan Cumulative P. 200.00 Date Incurred 11 25 2013 ist All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Payment To Date Balance Outstanding at Close of This Per 0.00 10.00 Date Due Interest Rate Secured: 12/31/16 0.00 (apr) Yes
Original Amount of Loan 200,00 , ERMS Date Incurred M11 D25 Date Incurred M11 Date Incurred And Date Incurred January (if any) to Loan Source Full Name (Last, First, Middle Initial)	Payment To Date Balance Outstanding at Close of This Per 0.00 Date Due Interest Rate Secured: 12/31/16 0.00 (apr) Yes
Date Incurred M11 D25 Z013 List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Date Due Interest Rate Secured: 12/31/16 0.00 % (apr) Pes Name of Employer
Date Incurred Manual Date Incurred Manual Date Incurred Manual Date Incurred Zona Zon	Date Due Interest Rate Secured: 12/31/16 0.00 % (apr) Name of Employer
Date Incurred M11 D25 Ž013 List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	12/31/16 0.00 % (apr) Yes
ist All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	e Name of Employer
. Full Name (Last, First, Middle Initial)	Name of Employer
<u> </u>	
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Outstanding: 3 3
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
TOTALS This Period This Page (optional)	200.00

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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ME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate				Tra	ansaction	ID : SC/1	0.7357		
LOAN SOURCE Full Name (Last, First, N	liddle Initial				T				
Campbell Cavasso	nudic initial)					Primary	010		
Mailing Address P.O. Box 44		~~~	***			General Other (s	pecify)	▼	
City	State	ZIP Co	de					· · · · · · · · · · · · · · · · · · ·	
Waimanalo	н	96795							
Original Amount of Loan		e Payment To	Date		Balance	Outstandi	ng at C	Close of T	his Perio
500.00		9	0.0	00		,	,	50	0.00
TERMS Date Incurred		Date Due	<u> </u>	Interest	Rate			Secured	
^M 12 ^M ^D 13 ^D 2013 3	• • •		12/31/16	mores	0.00	% (a	pr)		$ \mathbf{X} $
List All Endorsers or Guarantors (if any)	to Loan Sou	ırce						Yes	N
1. Full Name (Last, First, Middle Initial)			Name of En	nployer		-			·
Mailing Address			Occupation						
City State	ZIP Code	9	Amount Guaranteed Outstanding		r. «·	r a gran jang	•	and the second	,
2. Full Name (Last, First, Middle Initial)			Name of En		<u> </u>				
Mailing Address			Occupation						
City State	ZIP Code		Amount Guaranteed						•
	2.1. GOOGE	•	Outstanding		ži:-	₽\$			
3. Full Name (Last, First, Middle Initial)			Name of Em	nployer					
Mailing Address		,,, <u> </u>	Occupation						- ·
City State	ZIP Code)	Amount Guaranteed Outstanding:		5	,			
4. Full Name (Last, First, Middle Initial)	···		Name of Em			_ -			
Mailing Address			Occupation						.
			Amount		*; *				
City State	ZIP Code		Guaranteed Outstanding:	:	_1 3 10				
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Use separate schedule(s) for each category of the Detailed Summary Page

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	13b
AME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID : SC/10.7358
LOAN SOURCE Full Name (Last, First, Middle In	
Campbell Cavasso	Primary General
Mailing Address P.O. Box 44	Other (specify) ▼
City State	ZIP Code
Waimanalo HI	96795
Original Amount of Loan Cum	nulative Payment To Date Balance Outstanding at Close of This Perio
200.00	0.00
TERMS	200,00 and seeds of a section of the
Date Incurred M 12 ^M / 31 ^D 2013	Date Due Interest Rate Secured: 12/31/16 0.00 (apr)
List All Endorsers or Guarantors (if any) to Loan	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Amount Code Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Amount Code Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount -
City State ZIP	Code Guaranteed Outstanding:
JBTOTALS This Period This Page (optional)	200.00

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summai	ry Page		1
ME OF COMMITTEE (In Full)		Tr	ansaction II	D : SC/10.7583	1
am Cavasso for U.S. Senate					
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial)			tion: 2010	
Campbell Cavasso			l !	Primary General	
Mailing Address P.O. Box 44				Other (specify) ▼
City	State	ZIP Code	I		
Vaimanalo	HI	96795			,
Original Amount of Loan	Cumulative Payn	nent To Date	Balance O	utstanding at	Close of This Pe
4000.00) 	0.00		, ,	4000.00
TERMS Date Incurred	De	te Due Interes	t Poto		Secured:
M01 ^M 09 ^D 2014	ee ,	te Due Interes	0.00	_ % (apr)	
List All Endorsers or Guarantors (if	any) to Loan Source				Yes
 Full Name (Last, First, Middle Initial 	al)	Name of Employer			
Mailing Address		Occupation			
		Amount			
City St	ate ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
		Amount			
City St.	ate ZIP Code	Guaranteed Outstanding:	· 5 ·-	a '¥	
3. Full Name (Last, First, Middle Initial)	Name of Employer	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	••	
Mailing Address		Occupation			
		Amount			
City St	ate ZIP Code	Guaranteed Outstanding:	~ 3 ·	, · 3 ⁵ -	
. Full Name (Last, First, Middle Initial)	Name of Employer	· •		
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·		
		Amount			
City St.	ate ZIP Code	Guaranteed Outstanding:	.9"		
BTOTALS This Period This Page (option	onal)			3'	4000.00
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ry outstanding balance only to LINE	· · · · · · · · · · · · · · · · · · ·			·")" "}	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

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.OANS	Detailed Summary Pag		13a 13b
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transac	tion ID : SC/10.7928	i I
LOAN SOURCE Full Name (Last, First, Middle Initial) Campbell Cavasso	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address P.O. Box 44		Other (specify)	
City State ZIP Cod	e		
Waimanalo HI 96795			
Original Amount of Loan Cumulative Payment To I 1000.00	0.00	nce Outstanding at Close of T	This Period
TERMS Date Incurred Date Due	Interest Rate	Secureo	d:
M06 ^M ^D 23 ^D Ž014	ž016	% (apr)	X
List All Endorsers or Guarantors (if any) to Loan Source		163	3 NU
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	5· 1	
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:	3 3	
	Name of Employer		
Mailing Address	Occupation		
	Amount	* · · · · · · ·	
,	Guaranteed Outstanding:	:3 :	
SUBTOTALS This Period This Page (optional)		1000	0.00
TOTALS This Period (last page in this line only)	•	9° 4	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forwa	ard to appropriate line of Su	ımmary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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			Detailed Summa	ry Page		•	13b
AME OF COMMITTEE (In Full)			Т	ransaction	ID : SC/10.623	33	
Cam Cavasso for U.S. S							
LOAN SOURCE Full Name (L	ast, First, Mid	ldle In itial)		6	ection: 2010		
Campbell Cavasso-210)4				Primary General		
Mailing Address 41-530 Waikupanaha Street					Other (specif	y) ▼	
City		State ZIP 0	Code				
Waimanalo		HI 9679	95				
Original Amount of Loan		Cumulative Payment		Balance	Outstanding at	t Close of T	his Peri
	2100.00	y	0.00		5	, 210	0.00
TERMS Date Incurred		Date Du		st Rate		Secureo	d:
	010		Ňoně	0.00	% (apr)		XI.
List All Endorsers or Guarant	ors (if any) to	Loan Source				Yes	<u>. N</u>
1. Full Name (Last, First, Mid-	dle Initial)		Name of Employer				
Mailing Address			Occupation		· ···		
City	State	ZIP Code	Amount Guaranteed Outstanding:	. · ·			
2. Full Name (Last, First, Midd	le Initial)	· ·	Name of Employer	•			
Mailing Address		, , , , , , , , , , , , , , , , , , ,	Occupation			<u></u>	
			Amount Guaranteed	•			•
City	State	ZIP Code	Outstanding:		1		
3. Full Name (Last, First, Midd	le Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed				
4. Full Name (Last, First, Midd	le Initial)		Outstanding: Name of Employer		5		
Mailing Address	<u> </u>		Occupation				
<u> </u>							
City	State	ZIP Code	Amount Guaranteed Outstanding:	,	9"		
			1				
UBTOTALS This Period This Pa	ge (optional)		·····		y	210	0.00
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arry outstanding balance only to	o LINE 3, Sch	edule D. for this line.	If no Schedule D. can	v forward	to appropriate	e line of Su	ımmarv

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Use separate schedule(s) for each category of the Detailed Summary Page

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ME OF COMMITTEE (In Full)	10 <u>-</u> 2	<u></u>	V	Transac	tion ID : SC/10.	6300	13
am Cavasso for U.S. Senate				, , , , , ,		3300	
LOAN SOURCE Full Name (Last, First, M	iddle Initial)				Election: 20	40	
Campbell Cavasso-2104				:	X Primary	10	
Mailing Address 41-530 Waikupanaha Street			- ****	, ,, <u>-</u>	General Other (sp	ecify) 🔻	
City	State	ZIP Code		<u> </u>			
Waimanalo	HI	96795					
Original Amount of Loan	Cumulative Pay		ate	Balar	nce Outstanding	g at Close of	This Per
, 1870.36	5	'n	1045.1	17	,	,	325.19
TERMS Date Incurred		Nata Divis					
M08 ^M ^D 29 ^D 2010		Date Due Ň	one	Interest Rate 0.00	97.	Secur	ed: X
List All Endorsers or Guarantors (if any)	to Loan Source			· · · · · · · · · · · · · · · · · · ·	70 (ap	, <u> </u>	es 1
1. Full Name (Last, First, Middle Initial)		N	lame of Em	nployer			
Mailing Address		C	ccupation			<u></u>	
City State			mount	*****			
City State	ZIP Code		iuaranteed outstanding:	:	ý		
P. Full Name (Last, First, Middle Initial)		N	ame of Em	ployer			
Mailing Address		0	ccupation				
City State	ZIP Code	G	mount uaranteed utstanding:	i	on received	**	.,
. Full Name (Last, First, Middle Initial)			ame of Em		<u> </u>		
Mailing Address	, <u>.</u>	0	ccupation	<u> </u>			
0.1.			mount				
City State	ZIP Code		uaranteed utstanding:		.y		
. Full Name (Last, First, Middle Initial)		N	ame of Em	ployer			
Mailing Address		0	ccupation	· · · · · · · · · · · · · · · · · · ·			
City State	710.6		mount				
City State	ZIP Code	,	uaranteed utstanding:		,		
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ry outstanding balance only to LINE 3, Sch	edule D for this	line If no f	Schodula I) open f			

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				Detailed	Summar	y Page		-			13b
AME OF COMMITTEE (In I					Tra	nsaction	ID : SC/1	0.6235			
am Cavasso for U.	S. Senate										
LOAN SOURCE Full Na	ame (Last, First, Mi	ddle Initial)				El-	ection:	2010			
Campbell Cavasso	o-2444						Primary				
Mailing Address							General	ı specify) ·	_		
41-530 Waikupanaha Stree	et					L		эрсопу)	v		
City	`	State	ZIP Cod	de							
Waimanalo		HI	96795		_						
Original Amount of Loar		Cumulative F				Balance	Outstand	ling at C	lose of	This I	Period
ساتيد تهد ۱۹۰۰ مختص ۳۰	4500.00			0.6	00			•	45	00.00	J
. 3	ye rees a constant		,	4	.*.*		5	,		•	
TERMS Date Incu	rred		Date Due		Interest	Rate			Secure	ed:	
M04 ^M 02 ^D	ž010 [*]			Ňone		0.00	% (anr)		⊳	۲)
List All Endorsers or G	•	to Loan Sourc		*****		Ŧ	,,,,	цр,,	Ye	es -	No
Full Name (Last, Firs				Name of Er	mployer						
Marking Add									<u> </u>		
Mailing Address				Occupation							
				Amount		. ~ .		* ±.			
City	State	ZIP Code		Guaranteed Outstanding		31					
2. Full Name (Last, First,	, Middle Initial)			Name of Er	mployer						
Mailing Address				Occupation							
				Amount							
City	State	ZIP Code		Guaranteed Outstanding		5 :		¥:			
3. Full Name (Last, First,	Middle Initial)			Name of Er					· -		
Mailing Address				Ones un estima		·					
Walling Address				Occupation							
Cit.		710 0 :		Amount			• •				
City	State	ZIP Code		Guaranteed Outstanding		2		,			
4. Full Name (Last, First,	Middle Initial)			Name of Er	mployer						
Mailing Address				Occupation							
				Amount	, , , , , , , , , , , , , , , , , , , ,						
City	State	ZIP Code		Guaranteed Outstanding		r aj ila	•	5° -			
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arry outstanding balance	only to LINE 3, Sci	hedule D, for ti	his line. If r	no Schedule	D. carry	forward	to appro	priate li	ne of S	Summ	arv.

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Use separate schedule(s) for each category of the Detailed Summary Page

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Balance Outstanding at Close of This Period 513.00 Interest Rate 0.00 % (apr) Yes No of Employer
Balance Outstanding at Close of This Perio 513.00 4487.00 Interest Rate Secured: 0.00 yes No
interest Rate Secured: 0.00 % (apr) Yes No
interest Rate Secured: 0.00 % (apr) Yes No
interest Rate Secured: 0.00 % (apr) Yes No
interest Rate Secured: 0.00 (apr) Secured: No No Temployer
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		Detailed Summary Page	,	13ь
AME OF COMMITTEE (In Full)		Transact	ion ID : SC/10.6301	
am Cavasso for U.S. Senate				
LOAN SOURCE Full Name (Last, First, M	Middle Initial)		Election: 2010	
Campbell Cavasso-2444			Primary General	
Mailing Address 41-530 Waikupanaha Street			Other (specify	·) 🔻
City	State Z	IP Code		
Waimanalo	HI S	6795		
Original Amount of Loan	Cumulative Paym	ent To Date Balan	ice Outstanding at	Close of This Perio
2416.77	,	2313.22	, ,	103.55
TERMS Date Incurred	Date	Due Interest Rate		Secured:
M08 ^M 29 ^D 2010		None 0.00	0/ /	
List All Endorsers or Guarantors (if any)	to Loan Source			Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed	118 118	
2. Full Name (Last, First, Middle Initial)			3"	
		Name of Employer		÷
Mailing Address		Occupation		
City State	ZIP Code	Guaranteed	en e	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	3	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:	. 3 €:	
	-			
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Use separate schedule(s) for each category of the Detailed Summary Page

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LOAN SOURCE Full Name (Last, First, Mic Campbell Cavasso-2911	ddle Initial)		I	Election: 20	10	
Mailing Address 41-530 Waikupanaha Street		- 		General Other (spe	ecify) 🔻	
City	State ZIP Co	ode				
Waimanalo	HI 96795					
Original Amount of Loan	Cumulative Payment To	mana Karata	Balanc	ce Outstanding	at Close of	This Perio
3562.86		2652.37 J: **		,		10.49
TERMS Date Incurred	Date Due	ir	nterest Rate		Secur	eq.
[™] 06 [™] [°] 30 ° ž010́		Ňone	0.00	% (apr	ı 🗆	X
List All Endorsers or Guarantors (if any) to	Loan Source					<u>es No</u>
Full Name (Last, First, Middle Initial)		Name of Emple	oyer			······································
Mailing Address		Occupation	-			
City State	ZIP Code	Amount Guaranteed Outstanding:			. ,,,,,	
2. Full Name (Last, First, Middle Initial)		Name of Emplo	oyer			
Mailing Address	,	Occupation				
City State	ZIP Code		j	and the	- 1	18
3. Full Name (Last, First, Middle Initial)		Name of Emplo				 .
Mailing Address		Occupation	·· <u>·</u> ·		<u></u>	 .
07		Amount	<u> </u>		 _	<u></u>
City State	ZIP Code	Guaranteed Outstanding:	3	,		
. Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address	7b	Occupation				·
City State	ZIP Code	Amount Guaranteed Outstanding:	.3			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
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Use separate schedule(s) for each category of the Detailed Summary Page

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ction: 2010 Primary General	<u> </u>
Other (specify)	
Outstanding at Close	of This Per
5	112.30
Soc	cured:
% (apr)	
	Yes 1
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SCHEDULE C	(FEC	Form	3)
LOANS			

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OANS		Detailed Summary Pa		X 13a 13b
IAME OF COMMITTEE (In I	Full)	Transa	ction ID : SC/10.7584	
Cam Cavasso for U.	S. Senate			
LOAN SOURCE Full Na	ame (Last, First, Middle Initial)		Election: 2014	
Campbell Cavasso	o-3240		Primary General	
Mailing Address 41-530 Waikupanaha Stree	et	AND	Other (specify) ▼	
City	State ZIP	Code		
Waimanalo	HI 967	' 95		
Original Amount of Loan	3527.97		ance Outstanding at Clo	ose of This Period
	Ž014 M / E Common de commo	12/31/14 0.0	45 T	Secured: Yes No
List All Endorsers or G The Full Name (Last, First)	uarantors (if any) to Loan Source	Name of Employer		
T. Full Hamo (Edot, File	n, made milay	(tarro or Employor		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	. 9	
2. Full Name (Last, First	, Middle Initial)	Name of Employer		• •
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	· 3·	
3. Full Name (Last, First	, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		. F
4. Full Name (Last, First	, Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:	* 5	
SUBTOTALS This Period T	his Page (optional)	>	5 ° x	0.00
TOTALS This Period (last p		•	9 9° .	
Carry outstanding balance	only to LINE 3, Schedule D, for this line	. If no Schedule D, carry for	rward to appropriate lin	ne of Summary.

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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a

PAGE 108 OF 112

	Detailed Summary Page	13b
ME OF COMMITTEE (In Full) am Cavasso for U.S. Senate	Transaction ID : SC/10.8112	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014	
Campbell Cavasso-3240	Primary	
Mailing Address 41-530 Waikupanaha Street	General Other (specify) ▼	
City State ZI	P Code	
Waimanalo HI 96	6795	
Original Amount of Loan Cumulative Paymer		Peri
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TERMS		
Date Incurred Date	occurs.	
^M 06 ^M ⁰ 18 ^D 2014	[*] 12/312016 * % (apr)	
List All Endorsers or Guarantors (if any) to Loan Source	Yes	<u> N</u>
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	_
Mailing Address	Occupation	
	Amount	w
City State ZIP Code	Guaranteed Outstanding:	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a

PAGE 109 OF 112

								13b
AME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate				Tra	ansaction	ID : SC/10.71	95	
LOAN SOURCE Full Name (Last, First	. Balladalla (= tat - IV	····· ,			······			
	, Middle Initfal)				EH	ection: 2010 Primary)	
Campbell Cavasso-4528						General		
Mailing Address 41-530 Waikupanaha Street						Other (spec	ify) 🔻	
City	State	ZIP Co	de					
Waimanalo	HI	96795						
Original Amount of Loan	Cumulative	Payment To	Date			Outstanding		This Perio
21505.75			40407 6	- 4				68.11
Z 1090,70	The company of the contract.	X na r inat∫	Transmission of the second	S. S. Shakari)	,	
TERMS Date Incurred		Date Due		Interest	Rate		Secure	ed:
^M 11 ^M ^D 02 ^D Ž01Ž		••	Ňoně		0.00	% (apr)		X.
List All Endorsers or Guarantors (if a	ny) to Loan Source	e				<u></u> .	Ye	<u>s N</u>
1. Full Name (Last, First, Middle Initial	,	****	Name of En	nployer				
Mailing Address		 	Occupation		***			
			Amount	····				
City Sta	te ZIP Code		Guaranteed Outstanding	:	. 9 :	19		
2. Full Name (Last, First, Middle Initial)		-	Name of Em	ployer				
Mailing Address			Occupation					
			Amount					
City Star	e ZIP Code		Guaranteed Outstanding:	:	. 3 °	Y		
3. Full Name (Last, First, Middle Initial)			Name of Em	ployer				
Mailing Address			Occupation	- -				
			Amount			.A		
City Stat	e ZIP Code		Guaranteed Outstanding:	:	·¥	3 ·		
4. Full Name (Last, First, Middle Initial)			Name of Em	ployer				
Mailing Address	,		Occupation			, uz .		
		ŀ	Amount					
City Stat	e ZIP Code		Guaranteed Outstanding:	:	13%	\ '\$*-		
	-							·
JBTOTALS This Period This Page (option	nal)			. •		· 90	1116	8.11
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arry outstanding balance only to LINE 3,	Schodule D. 4-1 **	him 1: 1:	- 0-1					

SCHEDULE C (FEC Form 3)

Use separate schedule(s) FOR LINE NUMBER:

PAGE 110 OF 112

OANS			for each category of to Detailed Summary Page		13a 13b
IAME OF COMMITTEE (In Ful))		Transac	ction ID : SC/10.8117	1 1,00
Cam Cavasso for U.S.	•				
LOAN SOURCE Full Nam	e (Last, First, Mid	dle Initial)	[PERSONAL FUNDS]	Election: 2014	
Campbell Cavasso-	9003			Primary General	
Mailing Address 41-530 Waikupanaha Street				Other (specify) ▼	
City		State ZIP	Code	· ,,	
Waimanalo		HI 967	95		
Original Amount of Loan	1703.07	/i	To Date 1697.15		5.92
TERMS Date Incurre	d	Date D	oue Interest Rate	e Secure	ed:
M05 ^M 24 ^D Y	ž014	; =; 	Y * Y		\mathbf{X}
List All Endorsers or Gua				Ye	es No
1. Full Name (Last, First,	,		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	190 m	
2. Full Name (Last, First, N	fiddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1	
3. Full Name (Last, First, N	liddle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·	
Mailing Address	,		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	the transfer of the Company of the second of	
4. Full Name (Last, First, N	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	, ,	
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TOTALS This Period (last pag	e in this line only)	▶ §		
Carry outstanding balance or	ly to LINE 3. Sch	edule D. for this line	. If no Schedule D. carry for	ward to appropriate line of 5	Summary

SCHEDULE C (FEC Form 3)

Use separate schedule(s) FOR LINE NUMBER:

PAGE 111 OF

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	106

112

OANS		Detailed Summary Pag		13a 13b
NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate		Transac	tion ID : SC/10.8118	
LOAN SOURCE Full Name (Last, First, M Campbell Cavasso-9003	iddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 41-530 Waikupanaha Street	***************************************		Other (specify)	
City	State ZIP Co	ode		
Waimanalo	HI 96795			
Original Amount of Loan		Date Bala 360.52		his Period
TERMS	., , ,		, ,	<u>-</u>
Date Incurred M06 D25 2014	Date Due		[]	d: X
List All Endorsers or Guarantors (if any)		and a second	. , % (apr) Yes	
Full Name (Last, First, Middle Initial)	10 2047 000700	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation	70.000.000.000.000.000.000.000.000.000.	
City State	ZIP Code	Amount Guaranteed Outstanding:	39° - ₹.÷	
3. Full Name (Last, First, Middle Initial)		Name of Employer		•
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount president	Care and the American Company of the American	
City State	ZIP Code	Guaranteed (Outstanding:	» Št.	
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SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

PAGE 112 OF 112 FOR LINE NUMBER: (check only one)

	9	
X	10	

Excluding Loans

NAME OF COMMITTEE (In Full)

Cam	Cavasso	for	U.S.	Senate
-----	---------	-----	------	--------

A. Full Name (Last, First, Middle Initial) of Debto CcAdvertising	or Creditor			Nature of Debt (Purpose): Smart Get-Out-the-Vote survey		
	**					
Mailing Address 13800 Coppermine Road						
City State	Zip Code	·····		-		
Herndon	VA	20171				
Outstanding Balance Beginning This Period		A 10. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		Transaction ID : SD10.	4604	
31652.90						
Amount Incurred This Period	De	ayment This Period	4	Outstanding Balance a	Class of This Boried	
the state of the s		ayment ima i eno		Outstanding balance a	Close of This Feriod	
0.00 9 - 9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	*		0.00	.9	31652.90	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose)	:	
ccAdvertising				Saturday GOTV call		
Mailing Address 13800 Coppermine Road						
City State	Zip Code)		1		
Herndon	VA	20171				
Outstanding Balance Beginning This Period				Transaction ID : SD10.	4606	
2694.36						
Amount Incurred This Period	Pa	syment This Period	d	Outstanding Balance at	t Close of This Period	
0.00	3	5	0.00	y	2694.36	
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of Debt (Purpose)	<u></u>	
ccAdvertising				GOTV Election Day Nov	2nd	
Mailing Address 13800 Coppermine Road			•			
City	State	Zip Code				
Herndon	VA	20171				
Outstanding Balance Beginning This Period				Transaction ID : SD10	.4607	
10557.75						
Amount Incurred This Period	Pa	yment This Period	d	Outstanding Balance at	Close of This Period	
0.00			0.00	•	10557.75	
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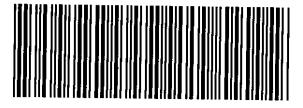
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